Diabetes and retinal function

It should also be said that the number of papers on the subject is larger than the list of references indicates. I have not reviewed the literature since 1969 but even then there were references to scotomata in patients with diabetes. There has been a much more recent study which the authors of the paper under discussion may not have seen. The conclusions reached in this paper are similar to those reached in mine; scotomata are common in diabetic eyes and are possibly due to microangiopathy.

It is puzzling that Bek and Lund-Andersen failed to find visual field defects in view of the fact that they used the same apparatus as the authors of the most recent study.

J A ROTH
3 Clevedon Drive,
Earley,
Reading
Berkshire RG6 2XF


Compact field charts

Sir,—It is often difficult to assess field examinations. Fields are often in the wrong order and comparison between one field and another difficult because the examinations are often performed under different conditions.

For six years we have found it easier to record Friedman fields on one sheet of paper. This we have achieved by reducing three standard Clement Clarke Field Charts Cat. No. 530 4010 on a photocopier from 230 mm x 210 mm to 210 mm x 100 mm. We then photocopy these reduced charts together and at the same time make a double sided copy to give us six reduced field charts on one sheet of paper.

In this way we find it easier to achieve standardised conditions such as intensity of stimulus and the wearing of reading spectacles if needed. It is also easier to see definite changes from the first visit to up to six years later, thus avoiding, if possible, the all too frequent insidious loss of vision and field.

The charts were originally designed by A. Friedmann and are produced by Clement Clarke International Ltd.

MICHAEL D’ORIORDAN
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Thornham Heath,
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Diabetes and retinal function

Sir,—I refer to your leading article concerning a paper on an investigation into retinal function in the diabetic eye. The mysterious absence of abnormality where abnormality would be expected is almost certainly due to the method used to investigate the visual fields.

FIFTY YEARS AGO

Annotation: The Journal in 1940

When the War came last year it was obvious that some curtailment in the size of the monthly numbers would have to be made, since the management could not foretell the financial position with any exactitude. It is now possible to state that we shall be able to continue regular publication at any rate for this year, and every effort will be made to continue for the 'duration.' But the rationing system must continue, although it will be our aim to make this ration as large as possible. Papers dealing with non-essential questions will have priority over more ordinary material.

In these circumstances some delay in publishing papers is inevitable. We hope authors will bear this in mind and the Editors on their side will do their best to avoid undue delay.

Authors can help the Journal materially by keeping their proof corrections as low as possible. Manifest errors must of course be corrected, but there is no need to make endless corrections in the interests of the English language. The Editors feel that they can almost pardon a split infinitive in the cause of economy. And the writer has always had a sneaking sort of partiality for that old Kaiser Sigismund, who at the Council of Constance in 1414, was pulled up by one of the Cardinals on an obvious slip in grammar and replied 'I am King of the Romans and super grammatician.' It is so easy to make mistakes not only in professional matters but also in writing and speaking.

Br J Ophthalmol 1940; 24: 189.
Compact field charts.

M D O'Riordan

Br J Ophthalmol 1990 74: 704
doi: 10.1136/bjo.74.11.704

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