MAILBOX

An “overtrained” ophthalmologist responds

Editor,—As one of the most “overtrained”(1) ophthalmologists in the United Kingdom at the present time, I was delighted and stimulated to read the excellent, erudite, and witty commentary by James Acheson.(2) I think that the issue that lies at the heart of the matter is, as Mr Acheson himself puts it, “It all depends on what you mean by training…” Surely one of the driving reasons behind the length of all specialist training in the UK has always been the high demands of the service commitment of the senior house officer and registrar grades alike. Until the issue of doctors’ numbers can begin to be tackled at a meaningful level in the UK we shall forever have the push-pull politics of service versus training. It is still worth pointing out that we have the lowest number of doctors per capita in the developed world, bar only Greece and Albania.

It is also very true that the standards of ophthalmology training in the UK are regarded very highly by trainees from overseas, who regularly come to the UK to complement and polish off their training. However, they come mainly for subspecialty training and often go to superspecialist regional centres, where they act as fellows, often in a somewhat privileged position. They are able to benefit from the high level of internationally renowned expertise in their chosen field that the UK is still able to provide. We in the UK face a rather unique situation, in that superspecialist fellowship training is quite rightly becoming the norm while still being outside the national Calman training programme. This sends a very mixed message about its value to our training. However, they often go to superspecialist regional centres, other hand perhaps training could formally be considered as a preoperative measure to reduce complications; this is a well established practice in all departments that practise endoscopic sinus surgery. Orbital complications are more likely to occur in patients with extensive polyposis especially those who had multiple surgery; however, in a survey of British otorhinologist(5) the overall estimated complication rate was 0.24%. As a matter of fact endoscopic sinus surgery techniques are being used to treat orbital complications such as malignant exophthalmos in thyroid eye disease. We believe that the key to avoiding such complications is the adequate understanding of the nasal anatomy endoscopically, which is only achieved through attending specialised workshops that are widely available throughout the country; adequate understanding operatively is of paramount importance. If complications are encountered then the immediate termination of the procedure is recommended and an urgent ophthalmological opinion should be sought.

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Biometric aspects and comparison with published papers

Editor,—In their discussion on central corneal thickness determined with optical coherence tomography in glaucoma in the BJOC, Bechmann et al mention the results of Ehlers et al. and compare them with the results of Whittacre et al without regarding generally accepted principles of interpretation. Some biometrical considerations will be found in the following:

In the paper by Ehlers et al in figure 4 the correlation coefficient between the correction value and corneal thickness is 0.768 at n=29. In the comparable figure 2 of Whittacre et al no correlation coefficient is given at n=15. This coefficient was calculated by us after digitalising the data points. It equals 0.51. According to Klemm, (page 97) the estimate of regression is extremely unreliable and thus useless at r < 0.6. The data of Ehlers et al, therefore, are much more convincing than the data of Whittacre et al. This fact does not reduce the merit of Whittacre, who brought the problem of corneal influence on tonometry to our notice.

It escaped the attention of Bechmann et al that figure 4 of Ehlers et al and figure 2 of Whittacre et al differ fundamentally from figure 2 in the paper by Wolfs et al.(2) Furthermore, according to the results of the Rotterdam study, the ordinate of figure 4 of Ehlers et al shows the correction value according to corneal thickness, and in figure 2 of Whittacre et al the ordinate shows the measurement error according to corneal thickness. These two ordinates (Ehlers et al and Whittacre et al) differ by sign and show the result of subtraction of intracamerally measured IOP and application tonometry values. The ordinate in figure 2 of the Rotterdam study, however, shows the relation to corneal tonometry. This is a fundamental difference that absolutely forbids a comparison. The Rotterdam study does not provide a correlation coefficient of the data shown in figure 2, which may be interesting at various points. We have similar data and have calculated the coefficient of correlation r = 0.17. Therefore, in this case it may be concluded that the estimate of regression is playing with figures only (Klemm, page 97).

In summary, the data of Ehlers et al currently show the association of measurement error and corneal thickness in the most convincing way. Bechmann et al have (erroneously) seen a small influence of central corneal thickness in IOP measurement in the literature they attribute an important part to corneal thickness in the diagnosis and understanding of various types of glaucoma. It can be concluded from the context that the authors treat corneal thickness as a new quantity in the literature they attribute an important part to corneal thickness in the diagnosis and understanding of various types of glaucoma. However, they do not believe that corneal thickness influences the results in applanation tonometry. Therefore, they have to explain their findings in a more complicated way. The psychologist and philosopher Watzlack(6) states that we prefer declaring undeniable facts (which are inconsistent with our explanation) to be untrue or unreal instead of fitting our explanation to these facts. The application of biometric knowledge in judging the data of Whittacre et al and a reinterpretation of figure 2 of the Rotterdam study(7) may fit the opinion of the authors to the most likely explanation.(8) “the current thickness” of corneal thickness influences the results in applanation tonometry to a clinically relevant degree, and that recommends the application of OCT in the diagnosis of glaucoma if available.

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Major orbital complications of endoscopic sinus surgery

Editor,—We read with interest the article by Rene et al. We would like to clarify a few points regarding endoscopic sinus surgery. Endoscopic sinus surgery is considered by many to be the most exciting development in otorhinology. The aim is to restore the natural mucociliary clearance mechanism, drainage, and aeration of the sinuses by a minimally invasive technique, maintaining as much of the normal anatomy as possible. We agree with the authors that the incidence of ocular complications is low and similar to those reported by other non-endoscopic approaches. The authors mentioned CT scanning as a preoperative measure to reduce complications, this is a well established practise in all departments that practise endoscopic sinus surgery. Orbital complications are more likely to occur in patients with extensive polyposis especially those who had multiple surgery; however, in a survey of British otorhinologist(5) the overall estimated complication rate was 0.24%. As a matter of fact endoscopic sinus surgery techniques are being used to treat orbital complications such as malignant exophthalmos in thyroid eye disease. We believe that the key to avoiding such complications is the adequate understanding of the nasal anatomy endoscopically, which is only achieved through attending specialised workshops that are widely available throughout the UK. Adequate understanding operatively is of paramount importance. If complications are encountered then the immediate termination of the procedure is recommended and an urgent ophthalmological opinion should be sought.

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6 Keine Angst vor Biomathematik.

Superior oblique overaction seen in some ble for A-pattern strabismus and bilateral above the midline. We believe that bilateral this patient who could not elevate the eyes findings would have been di

position, and detailed motility measurements

attempted abduction.

the hypertropic eye would be seen on abduction, dynamic intorsional movements of

of the superior oblique is more prominent in adduction, the

tropia on side gaze (alternating skew on lateral

of the superior oblique is more prominent in

increase tonus to all four depressors (both

dition resulting from such damage would pro-

the patient reported by Park

et al.

and disconjugate gaze.

old man with horizontal locked-in syndrome

bilateral skew deviation.

In this scenario, fundus examination should

We believe we can refine further their mech-

the anatomy of the vestibular ocular reflect

integration of prenuclear inputs to the intersti-

wards deviation. Each semicircular canal pro-

Each anterior semicircular

The otolithic path-

produces alternating hypertropia in side gaze.

Eye, Institute of Ophthalmology, 11–43 Bath Street, London EC1V 9EL. (Tel: (+44) (0) 207608 6909/6910/6923; fax: (+44) (0) 7250 3207; email: eyeressource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

The International Centre for Eye Health has

published a new edition of the

The International Centre for Eye Health has

The 10th International Congress on Behçet’s

Disease will be held in Berlin 27–29 June 2002. Further details: Professor Ch Zouboulis

Disease will be held on 22 November 2001 at the Central Conference

Centre, 90 Central Street, London

EC1V 8AQ.

The Allergan Guest Lecture will be deliv-

ered by Professor Jost Jonas of the University of Erlangen, Germany on the subject of the optic disc.

Further details: Mrs Janet Flowers, Adminis-

istrator, 29 Quarry Hill, Grays, Essex, RM17 5BT (tel/fax: 01375 383172; email: glaucomasocukieire@talk21.com; website: www.iga.org.uk).

41st St Andrew’s Day Festival

Symposium on Therapeutics

The 41st St Andrew’s Day’s Festival Sympo-

sium on Therapeutics will be held on 6–7 December 2001 at the Royal College of Physicians of Edinburgh. Further details: Ms Eileen Straw, Symposium Co-ordinator (tel: 0131 225 7132; fax: 0131 220 4393; email: e.strawn@rcpe.ac.uk; website:www.rcpe.ac.uk).

4th International Conference on the Adjuvant Therapy of Malignant Melanoma

The 4th International Conference on the adjuvant therapy of malignant melanoma will be held at The Royal College of Physicians, London on 15–16 March 2002. Further details: Conference Secretariat, CCI Ltd, 2 Palmerston Court, Palmerston Way, London SW8 4AJ, UK (tel: + 44 (0) 20 7720 0660; fax: + 44 (0) 20 7720 7177; email: melanoma@confcom.co.uk; website: www.confcom.co.uk/Melanoma).

EUPO 2002 Course Retina

A course on retina will be held on 15–17 March 2002 at Erlangen, Germany, where European professors will teach European resi-

Further details: Priv Doz Dr Ulrich Schonherr, Friedrich-Alexander-University of Erlangen-Nuernberg, Department of Ophthal-

mology, Schwabachanlage 6 (Kopflinimi-

kum), D-91054 Erlangen, Germany (tel: +49 9131-853 4379; fax: +49 9131-853-4332; email: ulrich-schonherr@augen.imed.uni-
erlangen.de).

22nd Annual Meeting of the Glaucoma Society (UK & Eire)

The 22nd Annual Meeting of the Glaucoma Society (UK & Eire) will take place on 22 November 2001 at the Central Conference

2001; London on 15–16 March 2002. Further
details: Conference Secretariat, CCI Ltd, 2
Palmerston Court, Palmerston Way, London
SW8 4AJ, UK (tel: + 44 (0) 20 7720 0660;
fax: + 44 (0) 20 7720 7177; email:
melanoma@confcom.co.uk; website:
www.confcom.co.uk/Melanoma).

4th International Symposium

Frankfurt-Marbarg 2001

The 4th Vitreoretinal Symposium Frankfurt-

Marburg 2001 will take place on 2–3 Novem-
ber 2001 at the Department of Ophthalmol-
ogy, University of Frankfurt/Main, Germany. Further details: Prof Dr Frank Koch, Depart-
ment of Ophthalmology, University of Frankfur-

Main. Theodor-Stern-Kai 7, D-60590, Frankfur-

Main, Germany (tel: +49 69/6301-5649; fax: +49 69/6301-5621; email: F.Koch@em.uni-frankfurt.de).

22nd Annual Meeting of the Glaucoma Society (UK & Eire)

The 22nd Annual Meeting of the Glaucoma Society (UK & Eire) will take place on 22 November 2001 at the Central Conference
Posterior canal predominance in bilateral skew deviation

SEAN P DONAHUE and MICHAEL C BRODSKY

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