Correspondence

Polaroid print film for fluorescein angiography

SIR, For 12 months we have been using high speed Polaroid print film for 'instant' recording of fluorescein angiography and feel this might be of interest to your readers. The main problem with using conventional film to record fluorescein angiography is that there is an inevitable delay while the film is developed. In our experience, even with an automatic film processor, this can lead to delay in assessment and treatment of patients.

The use of direct positive Polaroid film for fluorescein angiography has been described by Jonasson,¹ but this method requires a special kit for development and takes several minutes of processing time. We have found that Polaroid print film, used with a conventional Polaroid print film back, is an inexpensive means of producing 'instant' recording of fluorescein angiography.

The film that we have used is 612 Polaroid print film, which has a film speed of 20000 ASA and is sold commercially for recording oscilloscope traces. It is designed to be sensitive particularly to blue-green and yellow light, making it ideal for recording fluorescein angiography. We have used it with the Zeiss fundus camera in the Polaroid back, and it requires a processing time of 30 seconds, depending on the room temperature, after which the film is normally peeled apart. The print requires to be coated with a protective chemical, which is provided with the film.

The quality of the resulting photographs is acceptable for assessment of patients and is useful in situations where immediate recording of the angiogram is necessary (Fig. 1). We have used it to assess patients requiring urgent laser

treatment to choroidal neovascular membranes and for diabetic maculopathy.

J M GIBSON
I BRADLEY

Birmingham and Midland Eye Hospital,
Birmingham B3 2NS

Reference

- 1 Jonasson F. Polaroid for fluorescein angiography. *Am J Ophthalmol* 1984; **98**: 812-3.

Eikenella corrodens infection

SIR, The article by Kelly and Eliason¹ prompts us to report another case of keratitis due to *Eikenella corrodens*, a normal commensal of the oropharynx. A 75-year-old man presented with a two-week history of a discharging sore red eye. Vision was reduced to hand movements, and examination revealed a large paracentral semicircular area of ulceration and stromal infiltration. There was a marked degree of flare and cellular reaction in the anterior chamber but no hypopyon. Material was taken from the corneal lesion for examination and treatment started with subconjunctival methicillin 500 mg and gentamicin 40 mg; following this, gentamicin and chloramphenicol drops were given hourly.

Culture of the corneal scrape on blood agar produced a heavy growth of *Eikenella corrodens*. This was sensitive to penicillin, tetracycline, erythromycin, and chloramphenicol. By the time these results were known there was already obvious improvement in the eye. Treatment was continued with gradual resolution and an improvement of vision to 6/36. Although he denied any previous history of eye problems, the patient was a vague and inconsistent historian, who lived alone and had poor hygiene.

Examination of the eye had revealed an area of conjunctival adherence to the medial limbus, suggestive to some previous injury or inflammatory episode.

A B TULLO
J A TOOTH
A E A RIDGWAY

Manchester Royal Eye Hospital and
Department of Bacteriology,
Manchester Royal Infirmary

Reference

- 1 Kelly L, Eliason J. *Eikenella corrodens* keratitis: case report. *Br J Ophthalmol* 1989; **73**: 22-4.

Book reviews

Ophthalmic Terminology: Speller and Vocabulary Builder. 2nd Ed. By HAROLD A STEIN, BERNARD J SLATT, RAYMOND M STEIN. Pp. 367. £18.50. Blackwell: Oxford. 1987.

This book is aimed at non-medical personnel and at doctors new to the field of ophthalmology. The text is divided into several parts, which deal with basic sciences, refraction,

Fig. 1 Fluorescein angiogram of patient with angioid streaks recorded on high speed polaroid print film.