LETTERS TO THE EDITOR

A patient's ingenuity in the management of lagophthalmos

SIR,—Suffering from lagophthalmos after repair of bilateral blepharoptosis, a 65-year-old man fitted rolls of cloth to an old spectacle frame to elevate his lower lids, thus relieving his symptoms at night.

A 65-year-old male underwent repair of bilateral blepharoptosis with a fascia lata sling. After surgery he suffered from lagophthalmos and exposure keratitis of the lower third of both corneas despite conservative treatment with artificial tears and ocular lubricants. While awaiting surgery to repair the overcorrected

ptosis, he looked for a way to alleviate irritation and pain which bothered him especially at night. When he had not found an efficient way to bring both upper lids down, and thus close the eyes, he tried to achieve complete eyelids closure by elevation of the lower lids.

He built a device composed of two strips of flannel cloth rolled and mounted on hinges, and attached to an old spectacle frame (Fig 1). By wearing the glasses and pulling the ends of the rolled strips downwards (like shades), both lower lids became elevated, and thus enabled the eyelids to close (Fig 2). Wearing these spectacles at night during sleep, our patient was relieved from his symptoms.

We submit this report not only to show the patient's ingenuity but also to suggest that similar devices might be used in some cases of lagophthalmos as a temporary means of treatment.

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Figure 1: Device for elevation of lower eyelids, showing the rolled bands of cloth, mounted on struts.

Figure 2: The patient wearing the device which causes elevation of both lower lids.

Optimal surface for impression cytology

SIR,—Impression cytology has been gaining popularity as a non-invasive method of studying the conjunctival surface by using Millipore filter paper. This filter paper has a smooth, shiny surface on one side and a dull, slightly rough surface on the other side. It has been claimed that the dull surface provide a better yield of conjunctival cells while the smooth surface is more suitable for studying mucus.^{1,2} Moreover, the Millipore filter paper with surfactant, which is normally present in the filter paper, has been claimed to be less suitable for obtaining conjunctival cells than one without surfactant.¹ On the other hand Tseng³ did not find any difference in cell adhesiveness

between the two surfaces of the filter paper or between the Millipore filter paper which has a surfactant and that without.

We wish to report the results of a masked study which was devised to evaluate the adhesive qualities of four different paper surfaces for sampling conjunctival epithelial cells.

Fifteen volunteers were recruited for the study. For each subject one of each of four Millipore filter paper surface types was applied to one of each of four sampling sites. The four sampling sites were the temporal and nasal bulbar conjunctiva of both eyes of each subject. The filter paper surfaces used were dull dry and smooth dry, both with surfactant, and dull wet and smooth wet, both without surfactant. The

type of collecting surface was assigned strictly at random by tables of random numbers and standard methods, to the sampling location.

The results are shown in Table I. Friedman's method for randomised blocks⁴ together with the related critical range method of Wilcoxon⁴ were applied to the data. Dull surfaces were found to give a significantly better yield of epithelial cells than did the smooth type ($0.01 < 0.05$ for dry filter paper; $p < 0.01$ for wet filter paper). Adams¹ and Nelson *et al.*² also found the dull surface to be superior. On the other hand the performance of our filter paper types did not alter significantly with the presence or absence of surfactant ($p > 0.05$ for both dull and smooth surfaces). Adams¹ finding that the presence or absence of surfactant affected the collection process is therefore not replicated in our study.

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Ocular melanoma

SIR,—With regard to the correspondence on ocular melanoma by A B Tullo *et al.*¹ and J Hungerford² we would like to report some of our experience with radioimmunoscintigraphy (RIS) with antibody 225-28S in ocular melanoma.

We initially performed RIS in 16 patients with a certain clinical diagnosis of malignant melanoma. Images were made at six hours after injection of the antibody. Planar scintigraphy yielded detection of the melanoma in only six cases (37.5%). The use of a double pinhole collimator showed significantly higher activity in the melanomatous eye in 13 of 16 cases (81%).³ RIS was also performed in a second group of five patients with variable diagnoses. The diagnosis was based on the clinical course and the results of other diagnostic tests. In one case we are not sure of the diagnosis naevus; however, the patient has been without clinical signs of growth of the lesion for four years now. RIS with a regular gamma camera was negative in all cases (Table I). Pinhole scintigraphy yielded several false positive results and therefore is not reliable.

To increase the sensitivity of RIS we decided to perform planar scintigraphy at four and six hours after injection as well as single photon emission computerised tomography (SPECT) at six hours after injection.⁴ The second image enables us to measure the tracer uptake over a course of time. Tracer uptake in the tumour can be seen at four hours after injection and becomes more clearly delineated six hours after injection. In a recent series of six melanoma patients five tumours could be visualised with planar RIS or SPECT (83%).

From these results we consider that RIS in melanoma patients can be a helpful additional diagnostic investigation provided the technical conditions are carefully considered. The

TABLE I Yield of cells

Subject	Shiny and wet	Shiny and dry	Dull and dry	Dull and wet
1	1	0	0	3
2	0	0	3	3
3	0	3	3	3
4	1	2	2	3
5	0	2	2	3
6	0	0	1	0
7	2	0	3	3
8	0	0	0	1
9	0	1	3	3
10	0	0	2	3
11	0	0	2	3
12	0	0	3	3
13	0	0	3	1
14	0	0	1	2
15	1	1	2	3

0=nil to very few cells. 1=few cells. 2=many cells. 3=abundant cells.

TABLE 1 Patients with various diagnoses

Patient	Sex	Age	Diagnosis	FA	USG	RIS
1	F	88	Disciform macular degeneration with subretinal haemorrhage	NA	-	-
2	M	24	Haemangioma	±	-	-
3	M	66	Naevus or melanoma	±	±	-
4	F	70	Rectinal pigment epithelial hyperplasia	☆	-	-
5	M	47	Retinal pigment epithelial dystrophy	-	-	-

FA=fluorescein angiography. USG=ultrasonography. RIS=radioimmunoscintigraphy. NA=not available. ☆=not available due to peripheral localisation.

possibility of a false positive result due to tracer uptake in a naevus should be kept in mind.

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- 3 Schaling DF, Van Kroonenburgh MJPG, Borsje RA, et al. Radioimmunoscintigraphy with melanoma associated monoclonal antibody fragments in ocular melanoma. *Graefes Arch Clin Exp Ophthalmol* 1989; 27: 291-4.
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BOOK REVIEWS

Proliferative Vitreoretinopathy (PVR). Eds H MacKenzie Freeman, Felipe I Tolentino. Pp 197. DM 148.00. Springer-Verlag: London. 1988.

In this book, the first devoted entirely to PVR, the editors have assembled 27 papers dealing with the pathology, the management, and current research into this difficult condition. The material is presented under three main headings: an update, a discussion of common concerns, and reports of current clinical and research studies.

After an introductory overview of the general concepts of PVR there follows a number of clinical papers on the management of it in its increasing stages of complexity. These range from clinical and animal studies of the role of scleral buckling, and expansile gases without vitrectomy by Stanley Chang, to Zivovjovic's astounding collection of longstanding retinal detachments in severely traumatised eyes and their near miraculous recovery. The middle section is devoted to an almost verbatim transcript of a round table discussion by a number of well known experts in the vitreoretinal field. The last 17 articles range from a description of the organisation of the multicentre treatment trial which compares the use of silicone oil with that of expansile gases, to purely laboratory studies of drug delivery and the pharmacological manipulation of the cellular processes involved in the pathogenesis of PVR.

This book makes very interesting reading for those concerned in the management of patients with PVR. Being mostly a compilation of papers presented at the 1986 Academy Meeting, it suffers from a certain amount of repetition in the introductions and discussions in each paper. The 'current research studies' are by now over two years old, and much has happened since in the busy research on the intricacies of proliferative vitreoretinopathy.

Z J GREGOR

Human Brain Electrophysiology: Evoked Potentials and Evoked Magnetic Fields in Science and Medicine. By David Regan. Pp 672. US\$140.00. Elsevier: New York. 1989.

This is a single author textbook which is going to provide an important reference source for any electrodiagnostic clinic. Although the author writes from the point of view of the electronic engineer, his scope is wide. The book is in three sections. The first is divided into technical and mathematical considerations, the second is on basic research, and the third is on clinical applications. The main emphasis of the book concerns basic research and research techniques, and, although the clinical section is fairly short, it has been well written. The book is concerned with all forms of evoked potential, including visual, auditory, and somatosensory. The author is a well known authority in the field, and in this work his original textbook has been greatly expanded and updated. It will be welcomed by anyone concerned with the electrophysiology of the brain.

N R GALLOWAY

Clinical Ophthalmology. 2nd Edn. By Jack J Kanski. Pp 491. £75. Butterworths: Guildford, Surrey. 1989.

There is no better testimony to a successful book than the appearance of a second edition within five years after its original publication. In *Clinical Ophthalmology* Jack Kanski demonstrates the art of the master textbook writer: the text is well laid out, brief yet comprehensive. It covers all the important ophthalmic conditions, with the salient features of their clinical histories, physical signs, and management. Although the text is not referenced, there is an adequate list of suggested reading, which is as up to date as any newly published textbook can provide. The illustrations by Terry Tarrant are superb, and they admirably complement the wealth of colour photographs.

It is difficult to fault this excellent book. It has become the standard text for trainee ophthalmologists, both in Britain and elsewhere, and can also serve as a comprehensive reference book for practising ophthalmologists.

Z J GREGOR

Diabetes and Its Ocular Complications. By William E Benson, Gary C Brown, William Tasman. Pp 197. £40.50. Saunders: London. 1988.

This is a beautifully produced book which covers most clinical aspects of diabetic retinopathy. It also has chapters on pathology, together with four chapters on diabetic tissue damage and coagulation changes. There is a useful chapter on differential diagnosis of diabetic retinopathy. The book could be particularly useful to residents wanting to learn about this common condition, which is a major cause of blindness in the developed world.

But there are also many shortcomings. Papers are cited and reviewed without any criticism, and all statements made by different authors quoted are taken at face value, without any indication of which studies are based on too few patients or inadequate statistical analysis. Nor do the authors come up with definite suggestions or conclusion at the end of the chapters; this is most noticeable in chapter 14, on medical treatment of diabetic retinopathy.

A further shortcoming is that, when discussing pathogenic mechanisms, the authors do not mention the tremendous amount of work done in the field of cell culture. The papers quoted are extensive, but there are almost none from 1987 and few from 1986. Thus, although a new book, it is in the non-clinical aspects already out of date. This is really an indication of the rapid expansion of work in the field of retinopathy and the slow production of books.

While the book is a useful addition for residents, I do not think that it is of value to the researcher in the field of diabetic retinopathy.

E M KOHNER

A Colour Atlas of Contact Lenses and Prosthetics. 2nd Edn. By Montague Ruben. Pp 199. £35. Wolfe Medical: London, 1989.

This superb collection of illustrations covers a wide ranging though at times eclectic collection of topics on contact lenses. They demonstrate the author's breadth of expertise in many areas of contact lens practice, particularly in lens materials and design and in the fitting of the abnormal eye. The text is sometimes too concise to illuminate the understanding of the pedestrian reader, though the diagrams do much to overcome this. The book is an entertaining companion to more formal texts on contact lens practice.

JOHN DART

Brain and Reading. Eds. Curt von Euler, Ingvar Lundberg, Gunnar Lennerstrand. Pp 390. £50.00. Macmillan: Basingstoke, Hants. 1989.

The Rodin Remediation Conferences have acquired a reputation for excellent if occasionally eccentric meetings, in which a goodly collection of eminent speakers from a range of disciplines share the stage with a handful of more controversial and shadowy figures from the world of dyslexia research. In the early meetings there was a strong emphasis on visual factors, but this has progressively declined to the point where in these proceedings less than one-third of the papers are concerned with the visual system.

This is not a book for the novice. The papers do not follow a coherent theme, and the editorial contribution is largely confined to