To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY,

DEAR SIRS—We were very interested to read Dr. Manchester's informed comments, and are grateful for the opportunity to reply.

We feel that the stress on the toxicity of Diodone has been exaggerated since:

(1) Subcutaneous injection of up to 35 per cent. Diodone is a standard technique in paediatric pyelography and in Leeds we have met with no complications.

(2) Extravascular injection of 42.5 per cent. Diodone occasionally occurs in arteriography without clinical sequelae and in cases which for other reasons have come to autopsy tissue damage has been slight.

(3) Anaphylactic dangers, although rare, have been acknowledged and their prophylaxis discussed in our paper.

Lipogranuloma is outside our experience and reading except where oily media are involved.

We have no experience of animal experiments in orbital radiography and are very interested in Dr. Manchester's findings. It may be that the untoward effects produced are the results of the higher concentration and relatively larger quantities used. A rough calculation of proportional quantities gives 1 ml. in the rabbit to 8 ml. in the human. We feel that similar complications might be expected in man if between 8 and 16 ml. of fluid were to be injected retrobulbarly.

We consider that great care is necessary in the application of animal experiment to human experience. For instance, the development of aortography was undoubtedly delayed by the adverse findings of early investigators using the dog.

Leakage into the middle cranial fossa could be accounted for by the excessive quantities injected and even if this should occur in clinical usage we feel that a 17 per cent. solution would be unlikely to cause trouble.

We are interested in the mention of false positive findings but feel we cannot comment without further information regarding the technique of injection and criteria of normality. With the technique we have described, this difficulty has not arisen in experimental work or in our limited clinical experience.

Our avoidance of the frightening complication of retinal artery spasm may be due to good fortune or perhaps to the use of smaller quantities and a concentration one half that employed by Dr. Manchester.

Yours faithfully,

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