Correspondence

The optic disc in glaucoma

SIR, The article by Hitchings and Wheeler1 demonstrates the difficulty in recognising nerve fibre layer loss in glaucoma. Except for a single case they noted no difference in the visibility of the nerve fibre layer between normotensive eyes and hypertensive mates of 10 patients with uniocular hypertension. Yet another case, illustrated in Fig. 4 of their article, clearly shows this difference. Nerve fibre layer striations are far more apparent in the normotensive than the hypertensive eye. The loss of nerve fibre layer is confirmed by the sharper definition of major vessels in the hypertensive eye. These changes are most apparent in the area of the superior temporal vein.

Nerve fibre layer loss can be recognised by slit-like defects,2 but also by thinning of the nerve fibre layer as it crosses the temporal rim3 and as a general loss of striations are prominent near the disc.2,4 Unfortunately these changes are often difficult to recognise. Better, more reproducible techniques for visualising the nerve fibre layer and its abnormalities are clearly needed.

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References

SIR, We thank Dr Sommer for his interest in our article and fully endorse his view that slit-like defects in the retinal nerve fibre layer are important evidence of neuronal loss. Caution must be used, however, when interpreting general loss of visibility of the nerve fibre layer as seen on photographs, for this appearance may be altered by refocusing the camera. The 2 photographs illustrated are of the same eye seen in Fig. 4 of our article, taken at the same visit but at different focus. A difference in visibility of the retinal nerve fibre layer is apparent on comparing the 2. Thus while intraphotography differences in neuronal visibility may accurately reflect neuronal loss, inter-photograph differences may reflect different focusing levels; we consider that this reason accounts for the change noted by Dr Sommer.

A second major problem arises when interpreting the lack of visibility in the retinal nerve fibre layer as evidence for neuronal loss in glaucoma patients, for many patients will have minor degrees of opacification of the lens. This opacification combined with an inability to dilate the pupil fully will suffice to prevent clear visualisation of the nerve fibre layer.

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The measurement of cyclofusional response

SIR, In their recent paper Sen et al.1 claimed to have measured torsional fusional vergence by a synoptophore