Correspondence / Book review

with a particular instrument to make that particular test worthwhile.
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References
3 Faulkner HW. Predicting acuities in capsulotomy patients (interferometers and potential acuity meter). Am Intraoc Implant Soc in press.

Sir, Thank you for this opportunity to reply to Dr Faulkner.
We maintain that laser interferometry has little practical use and disagree with his comment above that these instruments are ‘extremely useful.’ Paradoxically his own paper supports our view.
He reports’ that of 137 eyes tested 98 were correctly predicted to within 2 lines on the Snellen chart. This leaves (39 28%) incorrectly predicted. We would conclude from this that the test is inaccurate. However, Faulkner argues that careful preoperative assessment, including formal field testing and fluorescein angiography on every patient, can identify 7 groups of patients in whom interferometer testing is likely to be inaccurate. He excludes these groups and is left with apparently normal eyes and those with ‘dry’ senile macular degeneration in whom interferometer testing, he concludes, is accurate and useful.
We have 2 main objections to this. Firstly, the essence of interferometry was that it held out hope of assessing macular function in patients with known or suspected disease. It can hardly be considered a useful test if most of these patients have to be excluded. Secondly, it is scientifically unsound retrospectively to analyse results, choose 2 groups of patients in whom the test appeared to work, and reject 7 groups solely because they do not fit expected results. He is unable to find a common link in the 7 groups other than failure of interferometry. Each group is in any case too small to be analysed separately.
We also suspect that Faulkner’s division between ‘dry’ and ‘wet’ senile macular degeneration (successfully predicted) and ‘wet’ senile macular degeneration (consistently gave false positive results) is fortuitous and reflects this small group size. A recent report found that in both ‘dry’ and ‘wet’ senile macular degeneration interferometric acuity was a poor guide to Snellen acuity.
May we also point out some factual inaccuracies in Faulkner’s reply. The visometer does have 2 brightness settings completely separate from the 2 size settings. At no point in our paper do we refer to a single beam coming from the visometer. We agree that oblique patterns are seen less well, and we particularly mentioned that oblique settings were excluded in the protocol of our prospective study.
Interestingly Faulkner reports that he did use oblique patterns in his experiment. The staircase technique of end-point adjustment is a much more reliable determination than the method of adjustment used by Faulkner; this no doubt explains how in any patient he tested both eyes on 3 instruments in under 5 minutes.
Patients with suspected eye disease who need a pre-operative test of macular function are precisely those in whom interferometric testing is unreliable.

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References

Book review


It is always refreshing to come across an ophthalmic textbook that indulges in lateral thinking, especially when one of the editors is a revered ‘old master’ of ophthalmology. The 94th volume in the popular series ‘Bucherei des Augenarztes’ takes as its theme the postoperative management of normal and complicated ocular surgery, dealing with such subjects as late complications and the indications and timing of reoperation.
The 15 surgical articles are varied, covering most procedures, and there are 2 chapters recommending the value of photography in follow-up. It is hard to single out any particular contribution, as the editors have kept the standard high. The illustrations are excellent, and each chapter is provided with a helpful and at times amusing English summary. The idea is a good one and is presented in a brisk and readable form with many points being brought out that would otherwise be glossed over in a more formal type of textbook. The book is designed as much for the ophthalmologist responsible for the aftercare of the patient as for the one undertaking the surgery, and with this intention it succeeds admirably.

T. J. FYYTCH