Correspondence

Injection-site lamp for fluorescein angiography

SIR, Fluorescein angiography is a common and valuable examination in ophthalmic departments. We describe here an addition fitted to several fundus cameras in the departments we serve which has been found to make easier the performance of the test.

It is clearly desirable that the clinician should be able to see the patient's arm during the intravenous injection of the sodium fluorescein solution to be sure that it is given correctly, and yet the room should be dark from the start of the procedure so that extraneous light does not degrade the first frames of the sequential photography. The fitting of a small light to the fundus camera to illuminate only the injection site allows both these requirements to be attained.

The light is shown in Fig. 1. It was adapted from the type

sold as map-reading lamps for motor cars. Depending on the type of fundus camera, in some cases we have powered the lamp from the supply to the fixation light, while on other instruments it has been more convenient to fit a separate battery supply for the new light. In either case the lamp unit was modified to use a twin conductor supply rather than the metal casing as the current return path. The lamp was fastened to the forehead rest of the fundus camera but with freedom to swivel as required. A switch for the lamp was placed for the convenience of the camera operator.

To our knowledge such illumination as this is not provided by any fundus camera manufacturer, but we have found this adaptation to be valued in the clinic and simple and cheap to implement.

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Fig. 1 Injection-site lamp.

'Visual Optics and Refraction'

SIR, In reviewing the literature for the 3rd edition of my text *Visual Optics and Refraction* I have just now come upon Robert Weale's review of the 2nd edition in the September 1981 issue of the *BJO*. If Professor Weale did not like the book, it is his duty to say so. But this duty also implies a reviewer will read the preface and look at the pictures and thus not confuse a textbook with a manual. No one, Weale writes, is going to convince him 'refraction needs over 700 pages.' By what gastric intuition is this deduced? He might have consulted such precedents as Donders, Landolt, or Emsley. Or Helmholtz. Or Duke-Elder vol V. Alas, Weale thinks physiologic optics no more relevant to refraction than the pharmacology of cycloplegia.

In the only substantive comment Professor Weale says he is 'all in favour of the abandonment of 100% contrast test targets' and I fail to make this clear. Had he read more critically he might have noted that I favour just the opposite. The text is further derided for 'an attempt to supplement Adler without his catholicity.' No doubt this sentence means something—if one could but fathom it.

To compare my book to those of Adler and Davson, both excellent physiology texts, neither of which cover optics or refraction, is perplexing. To censure the lack of references in one sentence and complain of an excess in the next is disconcerting. To debate writing style with such old clichés as 'Scylla/Charybdis' and 'suffering paper' (apparently a favoured phrase since it is repeated in other reviews) is neither graphic nor elegant. To quote me, inserting his own comments within the quote, is merely poor taste. But to accuse one of padding a book with extraneous material to jack up the price is insulting. To review a book is one thing, to question the author's integrity is another. Besides,