Correspondence

Foveomacular retinitis

SIR, Kuming's description[1] from South Africa of 10 cases of foveomacular retinitis as an entity distinct from solar retinopathy rekindles old controversies.[2,3] A knowledge of the racial origin of their patients would be helpful, as a predominance of low pigmentation has been noted in other series.[4,5] In view of more recent reports,[6-8] including one example from our own series,[9] indicating that sunbathing without direct sungazing may provoke this retinal lesion, there would appear to be only one aetiology.

Regarding the nature of the phototoxic macular lesion, I feel that a good clinicopathological correlation is achieved with recourse to experimental work.[10,11] The essential finding is that of pigment epithelial depigmentation associated with filamentary proliferation giving rise to a feature designated as a fibrillar 'tuft' in our own report.[9]

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SIR, All the patients described in my paper were Caucasian. While agreeing that the aetiology is controversial, the fact still remains that my patients (and many others) flatly deny any direct gazing at the sun. Nowhere in the paper by Jacobs *et al* do they state that their one patient who sunbathed did not have direct exposure to the sun. It is not unlikely that their patient inadvertently opened his eyes while sunbathing, as did these patients described by Gladstone and Tasman.

The levels of sunshine in South Africa are far higher than that in the UK. Many thousands of patients take to the beaches to sunbathe throughout the year, yet the reported incidence of solar retinopathy in SA after sunbathing is practically nil.

The statement that recent reports indicate that sunbathing without direct sungazing may provoke this retinal lesion is not accurate. Ridgway's report documents a patient who gazed at the sun while sunbathing. MacFaul documents only those cases who sustained a macula injury following direct gaze at an eclipse in 1966, except for case 19 who while sunbathing gazed directly at the sun for up to six minutes, and Gladstone's cases all admitted looking at the sun while sunbathing.

Thus one must disagree with the statement that there appears to be only one aetiology, as all the references quoted show that the patients concerned looked directly at the sun. The evidence quoted only confirms that direct sungazing is dangerous and to be avoided at all costs. None of my patients admitted sungazing, in fact all strongly denied this. In none of my patients was there a specific time of onset that could be related to any form of sunbathing or sun exposure.

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Lenses for fundus examination

SIR, Many ophthalmologists in training, especially in the junior grades, are faced with significant expense when acquiring all the necessary tools of the trade. It may be of interest to know that there are alternative sources for some of these items, in particular the lenses used for fundus examination by the indirect method, using either the indirect ophthalmoscope or the slit-lamp microscope.

The Coil aspheric stand magnifier uses a high quality aspheric plastic lens and is available in powers of 20 and 28 dioptres. Removal of the legs (Fig. 1) leaves a perfectly functional lens which compares favourably with 'indirect' lenses costing 15 times as much. These lenses do of course scratch very easily and may need to be replaced every year or two.

90-dioptre aspheric lenses are extremely useful for examining the optic disc and macula, without the need for a contact lens, while the patient is sitting at the slit-lamp. Small lenses of approximately the same power are available

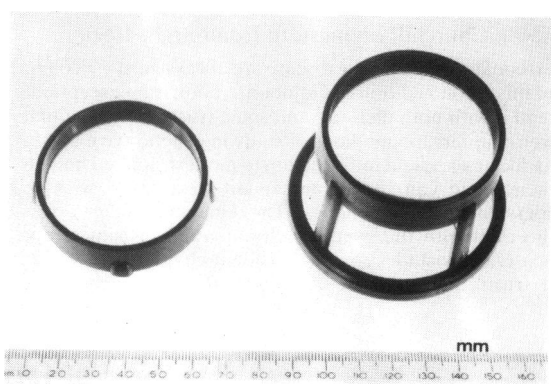

Fig. 1 *Stand with legs removed.*

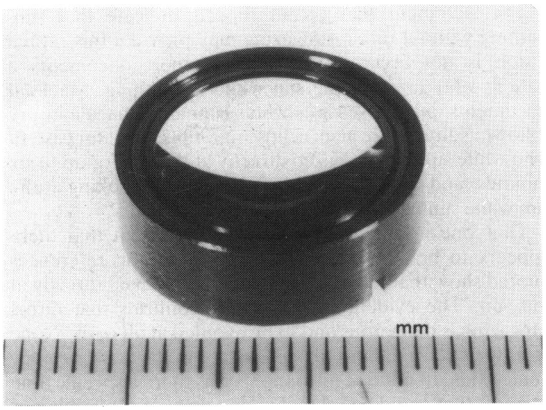

Fig. 2 *Non-aspheric lens of approximately 90 dioptres.*

from optical equipment suppliers for a few pounds (Fig. 2). They are not aspheric and so tend to distort the image somewhat, but in my experience this distortion is not significant.

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Book reviews

The Eye in General Practice. By C R S Jackson and R D Finlay. Pp. 145. £12·00. Churchill Livingstone: Edinburgh. 1985.

This book is a very able revision and restyling of an old and successful favourite. It is strongly recommended, especially to young doctors wishing that they had spent more time on ophthalmology as an undergraduate and now facing difficult and crucial decisions. It will also interest older general practitioners having learnt the hard way, now realising the many advances in ophthalmology in recent years and wishing to know more about them. R OLIVER

Goldberg's Genetic and Metabolic Eye Disease. 2nd Edn. Edited by William Andrew Renie. Pp. 574. £72·90. Churchill Livingston: Edinburgh. 1986.

Textbooks on genetic eye disease are always most welcome, and this second edition of Goldberg's book is no exception. I read it with both pleasure and some frustration. The first seven chapters, on methods of study in genetic eye disease, provide an excellent introduction to modern applied human genetics and can be recommended to all who wish to understand the 'new genetics'. The remainder of the book is concerned with the genetic determination of clinical eye disease and includes several excellent chapters, as well as the frustrating omission of several important genetically determined eye diseases which preclude this being as useful a 'bench book' for the practising ophthalmologist as it could be. It can, however, be recommended to all with an interest in paediatric ophthalmology and genetic eye disease, and particularly to ophthalmologists in training. BARRIE JAY

Notes

Australia Cranio-Maxillo-Facial Foundation

The Australian Cranio-Maxillo-Facial Foundation will be holding an International Workshop on cranio-facial trauma in Adelaide, South Australia, on 9–14 October 1988. Details from Mrs D Moody, Executive Officer, 226 Melbourne Street, North Adelaide S A 5006, Australia.

Corneal graft failure

The 4th Dermot Pierse lecture will be given by Professor DJ Coster (Adelaide, Australia) in the Barnes Hall, Royal Society of Medicine, on 23 September 1987. Its title will be 'The mechanism of corneal graft failure.' The lecture will start at 1845 h and will be preceded by wine and canapés from 1800 h. Further information obtainable from Dr H Jonathan Kersley, 80 Harley Street, London W1N 1AE.

Retinitis pigmentosa

The Fifth International Retinitis Pigmentosa Congress will be held at the Hyatt-Regency Hotel in Melbourne, Australia, on 4-7 November 1988. It will follow the Annual Meeting of the Royal Australian College of Ophthalmology on 29 October-4 November 1988. Details from the Conference Secretary, 46A Oxley Road, Hawthorn 3122, Victoria, Australia.

Plastic surgery

A postgraduate course on Ophthalmic, Plastic, and Reconstructive Surgery – Past, Present, and Future, will be held on 10-11 December 1987 at the Hyatt on Union Square Hotel, San Francisco, USA. Details from Extended Programs in Medical Education, University of California School of Medicine, San Francisco, CA 94143, USA.

European meeting

The 18th European Ophthalmology Meeting will be held by the European Contact Lens Society of Ophthalmologists and the Belgian Society of Contact Lenses and Intraocular Implants at Brussels on 16-18 September 1988. Details from Dr Kelman Wisnia, General Secretary Sobeveco, Avenue Jeanne 19A, Box 16, 1050 Brussels, Belgium.