Correspondence

Chemical burns to the eye

SIR, Mr S J Morgan emphasises the need to distinguish between ammonia and antipersonnel or antirape sprays such as CS and Mace.[1] From personal experience over the past 18 months I can describe a very simple and rapid method of differentiation.

In a series of 17 patients who had been assaulted with a pungent fluid one had a strong smell of ammonia on his clothes and clinically had features of a grade 1–2 alkali burn. The other 16 presented with the coughing, blepharospasm, lacrimation, and irritation of the eyes and exposed skin typical of antipersonnel agents. In attending these cases all those who approached within 1/3 m experienced mild transient irritation of their eyes and exposed facial skin. This did not require direct patient contact and disappeared as the patient's symptoms lessened. Once experienced, it is very characteristic. There was no detectable smell, as is found with ammonia.

I attribute this phenomenon to the agent evaporating into the atmosphere round the patient. Ocular examination in all 16 patients revealed only mild conjunctival hyperaemia and occasional punctate corneal staining.

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Reference

1 Morgan SJ. Chemical burns to the eye: causes and management. *Br J Ophthalmol* 1987; **71:** 854–7.

SIR, I can only say that I have never experienced the symptoms of CS gas intoxication whether at first hand or by being in proximity to a patient so afflicted. I am sure Miss Butler's observation is a valuable one when seeing a patient soon after an attack.

S J MORGAN

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Book review

Manual of Corneal Surgery. Eds. WILLIAM E BRUNER, WALTER J STARK, A EDWARD MAUMENEE. Pp. 139. £27·50. Longman: Harlow, Essex. 1987.

It should be self-evident that an author knows for whom his book is written. It is by no means obvious that the editors of this small volume or their many eminent contributors are at all sure who will constitute their readership. It is perhaps impossible to condense the elements of corneal surgery into 135 pages; the result is a disappointing, over-abbreviated work. The lack of detail or scientific background makes it of limited use to the working corneal surgeon, while the balance of the book would be inappropriate for an ophthalmologist in training, with three out of 13 chapters being devoted to refractive surgery, when some of the techniques (for example, hydrogel corneal inlays) are highly experimental. Can it really be the case that American ophthalmic surgery has diverged so far from European practices?

Liberal use has been made of simple diagrams which are easy to follow. The text, too, is clear and comprehensible, giving the impression that corneal surgery is simple. It isn't. I feel the authors have not done themselves justice with this book, but I am sure it will find a wide readership.

COLIN M KIRKNESS

Notes

Hong Kong symposium

A Clinical Ophthalmological Symposium will be held at Hong Kong on 2–4 December 1988. Details from Dr Patrick C P Ho, c/o Secretariat Office, Room 810–814 Wing on Plaza, 62 Mody Road, Tsimshatsui East, Kowloon, Hong Kong.

Implant lenses

The Seventh Intraocular Implantlens Council Meeting (EIIC) will be held on 27-31 August 1989 at Zurich, Switzerland, on soft IOLs in children, IOL pathology and complications, and high-tech surgery. Details from AKM Congress Service, PO Box CH-4005, Basel, Switzerland.

Ocular trauma

An International Congress on Ocular Trauma will be held at Tel Aviv, Israel, on 19-24 February, 1989. Further information from The Secretariat, PO Box 50006, Tel-Aviv 61500, Israel.

Retinitis pigmentosa

The 5th International Retinitis Pigmentosa Congress will be held at Melbourne, Australia, on 4-7 November 1988. Its purpose is to stimulate and develop research in the Asian-Pacific region. Details from Congress Convenor (Leonie Kelleher), 44A Oxley Road, Hawthorn, Victoria 3122, Australia.