Correspondence

Polaroid print film for fluorescein angiography

Sir, For 12 months we have been using high speed Polaroid print film for ‘instant’ recording of fluorescein angiography and feel this might be of interest to your readers. The main problem with using conventional film to record fluorescein angiography is that there is an inevitable delay while the film is developed. In our experience, even with an automatic film processor, this can lead to delay in assessment and treatment of patients.

The use of direct positive Polaroid film for fluorescein angiography has been described by Jonasson,1 but this method requires a special kit for development and takes several minutes of processing time. We have found that Polaroid print film, used with a conventional Polaroid print film back, is an inexpensive means of producing ‘instant’ recording of fluorescein angiography.

The film that we have used is 612 Polaroid print film, which has a film speed of 20000 ASA and is sold commercially for recording oscilloscope traces. It is designed to be sensitive particularly to blue-green and yellow light, making it ideal for recording fluorescein angiography. We have used it with the Zeiss fundus camera in the Polaroid back, and it requires a processing time of 30 seconds, depending on the room temperature, after which the film is normally peeled apart. The print requires to be coated with a protective chemical, which is provided with the film.

The quality of the resulting photographs is acceptable for assessment of patients and is useful in situations where immediate recording of the angiogram is necessary (Fig. 1). We have used it to assess patients requiring urgent laser treatment to choroidal neovascular membranes and for diabetic maculopathy.  

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Reference  

Eikenella corrodens infection

Sir. The article by Kelly and Eliason1 prompts us to report another case of keratitis due to Eikenella corrodens, a normal commensal of the oropharynx. A 75-year-old man presented with a two-week history of a discharging sore red eye. Vision was reduced to hand movements, and examination revealed a large para-central semicircular area of ulceraion and stromal infiltration. There was a marked degree of flare and cellular reaction in the anterior chamber but no hypopyon. Material was taken from the corneal lesion for examination and treatment started with subconjunctival methicillin 500 mg and gentamicin 40 mg; following this, gentamicin and chloramphenicol drops were given hourly.

Culture of the corneal scrape on blood agar produced a heavy growth of Eikenella corrodens. This was sensitive to penicillin, tetracycline, erythromycin, and chloramphenicol. By the time these results were known there was already obvious improvement in the eye. Treatment was continued with gradual resolution and an improvement of vision to 6/36. Although he denied any previous history of eye problems, the patient was a vague and inconsistent historian, who lived alone and had poor hygiene.

Examination of the eye had revealed an area of conjunctival adherence to the medial limbus, suggestive to some previous injury or inflammatory episode.

A B TULLO  
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Reference  

Book reviews


This book is aimed at non-medical personnel and at doctors new to the field of ophthalmology. The text is divided into several parts, which deal with basic sciences, refraction,
spectacles and contact lenses, disorders of the eye, surgery of the eye, and ophthalmic tests and devices. The chapters on specific topics, such as anatomy, refraction, and glaucoma, are well written, with a lively introduction which is followed by an alphabetical glossary of ophthalmic terms. Having defined each term, the authors then explain the derivation of the more commonly used ophthalmic expressions.

There are many illustrative line drawings, which are simple and clear. However, the black-and-white clinical photographs are often poorly reproduced.

There is no doubt that this is a most useful book for nurses, secretaries, and other non-medical staff, who may use it to check on the correct (American) spelling of ophthalmic terms, and who wish to learn more about the basic concepts of ophthalmology.

ZDENEK J GREGOR


This book contains a miscellany of articles with a neuro-ophtalmological theme. The reader will find case reports and original articles (some of which have been previously published in the *Journal of Clinical Neuro-ophtalmology*). There are accounts of radiological and other special techniques and review articles.

Dr Lawton Smith has an idiosyncratic and evangelical editorial style which I found entertaining. He is clearly not averse to criticising his contributors, and although I did not often find myself agreeing with his comments he provides food for thought.

Anyone with an interest in neuro-ophtalmology will find something of interest in this collection. Personally I found the review article on disorders of visual fixation by J A Sharpe and W A Fletcher and a chapter on Wernicke’s encephalopathy by J B Selhorst most interesting. It is more a book for an afternoon’s browsing than one likely to be referred to frequently. But this is compatible with the nature of the book, for it is designed to be an update and an interesting read.

GORDON PLANT


This softback book of 275 pages is a compact manual of problem orientated material, divided into 19 chapters. There is a mass of information, so that even the inside covers are utilised with Amsler and near visual acuity charts. Prior to the index is a useful glossary. A simple chapter on basic anatomy introduces the subject. This is followed by chapters on symptoms and clinical examination of the visual system.

Throughout the book the text is basic and understandable, which is admirable for the non-ophtalmologist. Each topic is evaluated, and the differential diagnoses are then reviewed in depth as to cause, investigation, and treatment. This is excellent for the postgraduate but can be confusing for the undergraduate student, as the description of each condition tends to lead one astray and detract from the main topic of the chapter. The illustrations are in black-and-white and rather few in comparison with the coloured plates now expected to accompany an undergraduate textbook.

There is no mention, beyond light fixation and the E test, of testing vision in children and handicapped patients. At least a reference to the Sheridan-Gardiner test and preferential viewing would have been expected. There are occasional omissions of this type, but on the other hand there is a section on child abuse, and a delightful classification of retinal lesions into red, white, and black.

Postgraduate readers and ophthalmologists at all levels will derive benefit from reading this book. It does, however, require a tenacious undergraduate to assimilate the mass of information presented. It is a useful addition to any medical library.

G V FALLO

**News**

**Biomaterials**

The first Interdisciplinary Symposium on Biomaterials in ophthalmology will be held on 1-4 September 1989 at Bologna, Italy. Details from either the Scientific Secretariat, Dr Pietro Versura, Institute of Ophthalmology, Via Massarenti 9, 40138 Bologna, Italy; or the organising Secretariat, Studio E R Congressi, Via Riva Reno 47, 40122 Bologna, Italy.

**Chinese medicine**

The Second World Symposium of Ophthalmology and Traditional Chinese Medicine will be held in March 1990 at Peking (Beijing). Details from ESOTCM Secretary, Service Ophthalmique, Chic Tarbes – BP 1330, 65013 Tarbes Cedex, France.

**Ophthalmology in Singapore**

**Master of Medicine (Ophthalmology)/FRCS (Edinburgh)**

The School of Postgraduate Medical Studies of the National University of Singapore will be conducting a two-week full-time course in advanced ophthalmology for qualified medical practitioners who wish to prepare for the FRCS examination in one of the Royal Colleges. The course contents include modules on glaucoma, paediatric ophthalmology, ocuoplastic, vitreoretinal disease, corneal and lens disease, and neuroophthalmology. There will also be examination style short cases and examination simulation vivas and question papers. The dates of the course and examination are as follows: Two week advanced course in ophthalmology. 13-24 November 1989; Conjoint M Med (Ophthalmology)/FRCS (Edinburgh) examination. 11-15 December 1989 (to be held in Singapore). Further information from the Secretary, School of Postgraduate Medical Studies, National University of Singapore, Lower Kent Ridge Road, Singapore 0511.