A further challenge of 5-fluorouracil was not felt to be appropriate since the symptoms were very unpleasant, and we felt that they could be attributed to the presence of the drug in the tear film. A direct correlation has been shown between the amount of lacrimation and the concentration of fluorouracil in the tears. Side effects due to ocular surface toxicity are well documented and include blurred vision, excessive lacrimation, irritative conjunctivitis, keratitis, blepharitis, cicatricial ectropion, and punctal stenosis. We thought it was of interest to record this new presentation which proved reversible upon discontinuing the 5-fluorouracil therapy.

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Fractured lens fibroptic cord

Editor.—The report by Bloom et al. on lenticular burns following argon panretinal photocoagulation is interesting. This article highlights another complication of posterior segment laser surgery. The source of the problem was the fibroptic cord. We would like to emphasise the importance of maintenance of fibroptic cords.

Our department now uses a double frequency YAG ‘crystal focus emerald’ laser (Biovision, Park Center, Walnut Creek, CA, USA) which produces monochromatic green light of 532 nm for posterior segment laser surgery. This solid state photocoagulator incorporates a helium neon system to allow visualisation of the aiming beam. Several authorised laser users complained that the aiming beam could not be seen as before and was only visualised after certain modifications were made including decreasing the overall illumination and using a red free filter; however, this led to poor resolution of retinal details. It was also noted that an increased power level was required to obtain the same retinal response. Peripheral photocoagulation became extremely difficult and treatment of all patients requiring macular laser treatment had to be postponed.

The manufacturers of the unit were asked to inspect the system and it was found that the fibroptic cord was kinked and damaged at its entry to the microscope housing. Replacement of the cord and securing it in a better position led to resolution of the initial problem. Fortunately there were no documented complications, but some patients did have to be rescheduled for their laser treatment in an already busy department.

We would recommend in accordance with Bloom et al. that, apart from routine maintenance of laser systems, the fibroptic cord must be protected at all times from even minimal injury.

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Reply

Editor.—We would like to thank P J Murray for reporting another case of iris crystals. As in previous reports, this case showed that iris crystals are associated with chronic uveitis, could be unilateral, and may transiently disappear. However, this case has some unique features. To our knowledge, this is the only case of iris crystals that occurred in a patient with chronic panuveitis (the previously reported cases occurred in patients with chronic iridocyclitis). Furthermore, the elevation of serum IgG levels is also intriguing, since hypergamaglobulinemia has been documented in some of the cases of iris crystals.

We believe that iris crystals occur more commonly than is reported. Further studies and case reports will be needed to elucidate the pathogenesis of iris crystals.

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Iris crystals and uveitis

Editor.—I read with interest the report by Lam et al. describing three patients with iris crystals in chronic uveitis. I would like to add another case to the literature.

A 15-year-old Asian girl presented in November 1990 with gradual, painless reduction of vision in both eyes over the previous 2 years. Examination revealed a visual acuity of 6/9 in each eye with a low myopic correction. She had bilateral panuveitis, early posterior subcapsular lens opacities, mild diffuse retinal vasculitis with inferior vitreous snowballs but no frank snowbanking. The right iris stroma showed multiple, tiny, refractile crystalline deposits. A few pupillary iris (Koeppe) nodules were noted in each eye and a number of small follicles were seen in the inferior conjunctival fornices. She was treated with topical steroids only and thoroughly investigated. The only abnormalities detected were a slightly raised serum IgE and an iron deficiency anaemia. Biopsy of the conjunctival follicles showed chronic inflammatory change only. In 1991, her vision dropped to 6/18 right and 6/24 left due to macular oedema. She underwent a short course of systemic steroids with rapid improvement in vision. When she was last reviewed in February 1993 her vision was 6/24 right, 6/9 left; the cause for the reduced right vision being a combination of lens and vitreous opacities. Interestingly, apart from at presentation, the iris crystals were not seen again until her visits in November 1992 and February 1993. At no time were crystals seen on the left iris.

Letters to the editor. Obituary

OBITUARY

T A CASEY

Thomas Aquinas Casey, director of the corneoplastic unit at East Grinstead and consultant at Hillingdon Hospital, died on 25 February 1993, from a rapidly progressive lung cancer, at the age of 63.

After qualifying in Dublin, and nearly 10 years at Westminster Hospital as ophthalmic registrar, Tom was appointed to direct the corneoplastic unit on the sudden death of its founder, Sir Benjamin Rycroft. There he established an impressive postgraduate centre for teaching and research, including a three day international corneoplastic congress in 1977. At an early stage he had pioneered a technique for deep freezing corneas (which permitted the establishment of a bank of tissue typed donor material), and other innovations in corneal surgery, such as the use of recombinant epidermal growth factor. This innovative activity was accompanied by copious publications, of which the latest, a prize winning atlas of corneal dystrophies, came out only a year ago.
Second World Association of Sarcoidosis and Other Granulomatous Disorders (WASOG)

The Second World Association of Sarcoidosis and Other Granulomatous Disorders (WASOG) meeting will be held in Los Angeles, California, USA, from 8–11 September 1993. The scientific sessions will be devoted to the epidemiology, genetics, immunopathogenesis, and clinical aspects of sarcoidosis and other granulomatous disorders. For further information: Dr Oom P Sharma, Room 11–900, LAC USC Medical Center, 1200 N State Street, Los Angeles, CA 90033, USA (Tel: (213) 226–7923; Fax: (212) 226–2738.

First International Ophthalmology Symposium

The first international symposium on ophthalmology will be held on 9–11 September 1993 at the Palais des Congrés, Bordeaux, France. The congress is organised by the Universities of Bordeaux and Miami, and the Bascom Eye Institute. For details: Mme D Prouveaux, BSC Palais des Congrès, 33300 Bordeaux-Lac, France. (Fax: (33) 56 43 17 76.)

Association for Eye Research

The Association for Eye Research will meet, jointly with the European Club for Ocular Fine Structure (ECOFS) in Granada, Spain, 15–18 September 1993. For further details: Professor Dr B Carreras, Local Organiser AER-93, Martinez Campos, 10–2A, 18005 Granada, Spain.

German Ophthalmological Society

The 91st meeting of the German Ophthalmological Society (DOG) will be held on 19–22 September, 1993, in Mannheim, Rosengarten, Friedrichsplatz, Germany. The topics include: laser in ophthalmology (especially laser and glaucoma, excimer laser); plastic surgery in ophthalmology; and cataract and intraocular lenses. Further details: Deutsche Ophthalmologische Gesellschaft (DOG), Im Neuenheimer Feld 400, 6900 Heidelberg, Germany. (Tel: 06221/41 1787; Fax: 06221 58 46 16.)

ECORA

The European Community Ophthalmic Research Association (ECORA) will hold its first scientific annual meeting in Bonn, Germany on 4–6 October 1993. For more details: Professor Dr M Spitznas, Universitäts-Augenklinik, Sigmund-Freud-Strasse 25, D-5300 Bonn 1, Germany.

Third International Symposium on Ocular Inflammation

The 3rd international symposium on ocular inflammation will be held on 22–25 October 1994 in Fukuoka, Japan. Further details: Registration Secretary, c/o JTB Communications Inc, New Kyoto Center Building, 5F, Shikojii, Shinmachi, Shimogyo-ku Kyoto 600, Japan.

American Academy of Optometry

The Ellerbrook Memorial Continuing Education Program will take place on 9–10 December 1993 at the Copley Connection, Boston Marriott/Weston Hotel, Copley Place, Boston, MA, USA. Further details: American Academy of Optometry, 4330 East West Highway, Suite 1117, Bethesda, MD 20814–4408. (Tel: (301) 718–6500.)

International Society of Ocular Trauma

The 3rd International Symposium on Ocular Trauma will be held in Cancun, Mexico in March 1994. Further details: Secretariat, PO Box 50006, Tel Aviv, 61500, Israel. (Tel: (972) 5174571; Fax: (972) 5175674.)


The first Allied Health Personnel Conference will be held in conjunction with the XXVIIth International Congress of Ophthalmology on 26–30 June 1994 in Toronto, Canada. Further details: Congress Canada, 191 Niagara Street, Toronto, Canada M5V 1C9. (Tel: (416) 860–1772; Fax: (416) 860–0380.)

XXVIIth International Congress of Ophthalmology

The International Council of Ophthalmology will hold its XXVIIth Congress in Toronto, Canada on 26–30 June 1994. Further details: Secretariat, 275 Bay Street, Ottawa, Ontario, Canada K1R 5Z5. (Tel: (613) 563–1994; Fax: (613) 236–2727.)

Glaucoma Group

DAVID COLE TRAVEL FELLOWSHIP

The David Cole Travel Fellowship, instituted by Merck Sharp and Dohme in memory of Professor David Cole, will assist a visit to a hospital or research centre during the academic year starting 1 October 1993. The award will be equivalent to £2000. The purpose of the award is to enable the successful applicant to gain experience and knowledge in pursuit of a specific project related to glaucoma.

Ophthalmic pathology micro slides

A set of 100 paraffin sections from a wide variety of diseases of relevance to ophthalmologists can be purchased from the Pathology Department, Western Infirmary. Each paraffin section is accompanied by a one page description and the cases have been used for W R Lee’s textbook *Ophthalmic Histopathology* (Springer, 1992).

Details on request from Ms Sandra Howat, Department of Pathology, Western Infirmary, Glasgow G11 6NT (Tel: 041 339 8822 Ext 4208; Fax: 041 337 2494).