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.⁶ 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.^{14,17} We thought it was of interest to record this new presentation which proved reversible upon discontinuing the 5-fluorouracil therapy.

J E FORBES
D J BRAZIER
Department of Ophthalmology,
University College Hospital,
London

M SPITTLE
Department of Oncology,
The Middlesex Hospital,
London

- 1 Hammersly J, Luce JK, Florenz TR, *et al.* Excessive lacrimation from fluorouracil treatment. *JAMA* 1973; 225: 747-8.
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Fractured laser fibreoptic cord

EDITOR,—The report by Bloom *et al*¹ on lenticular burns following argon panretinal photocoagulation is interesting. This article highlights an unusual complication of posterior segment laser surgery. The source of the problem was the fibreoptic cord. We would like to emphasise the importance of maintenance of fibreoptic 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 laser were asked to inspect the system and it was found that the fibreoptic 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 relisted 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 fibreoptic cord must be protected at all times from even minimal injury.

J SINGH
K SWA
Princess Alexandra Eye Pavilion,
Chalmers Street,
Edinburgh EH3 9HA

- 1 Bloom SM, Mahl CF, Schiller SB. Lenticular burns following argon panretinal photocoagulation. *Br J Ophthalmol* 1992; 76: 630-1.

Reply

EDITOR,—The comments by Drs Singh and Swa underscore the necessity of protecting the laser fibreoptic cord from injury at all times.

We have also been using the crystal focus emerald laser (Biovision, Walnut Creek, CA, USA) for several years without fibreoptic damage. This laser employs a portable, removable delivery system that attaches to a variety of slit-lamps. We have left this attachment permanently secured to the slit-lamp in our laser suite, thereby minimising risk of fibreoptic damage.

S M BLOOM
C F MAHL
S B SCHILLER
Indiana Retina Associates,
Scott Memorial Hospital,
Highway 31 North,
Scottsburg,
IN 47170, USA

Iris crystals and uveitis

EDITOR,—I read with interest the report by Lam *et al*¹ describing three patients with iris crystals in chronic iridocyclitis. 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 (Koepe) 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 June 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.

It is likely that she may require right cataract extraction in the near future, which will allow detailed analysis to be performed on this unusual physical sign.

PHILIP I MURRAY
University of Birmingham,
Department of Ophthalmology,
Birmingham and Midland Eye Hospital,
Birmingham B3 2NS

- 1 Lam S, Tessler HH, Winchester K, van Hecke H, Lam BL. Iris crystals in chronic iridocyclitis. *Br J Ophthalmol* 1993; 77: 181-2.

Reply

EDITOR,—We would like to thank P I 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.^{1,2} 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 IgE levels is also intriguing, since hypergammaglobulinaemia has been documented in some of the cases of iris crystals.¹

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.

S LAM
H H TESSLER
K WINCHESTER
H VAN HECKE
B L LAM
University of Illinois at Chicago,
UIC Eye Center (M/C 648),
Department of Ophthalmology,
Eye and Ear Infirmary,
1855 West Taylor Street,
Chicago, Illinois 60612, USA

- 1 Lam S, Tessler HH. Iris crystals and hypergammaglobulinemia. *Am J Ophthalmol* 1990; 110: 440-1.
- 2 Lam S, Tessler HH, Winchester K, van Hecke H, Lam BL. Iris crystals in chronic iridocyclitis. *Br J Ophthalmol* 1993; 77: 181-2.

OBITUARY

T A CASEY

Thomas Aquinas Casey, director of the corneoplastics 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 corneoplastics 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 corneoplastics 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.

He had the happy conjunction of inspiration, administrative flair, and surgical dexterity; these were enhanced by a most engaging personality – witty, modest, and relaxed. He was supported by a family in whom he delighted, one of his sons becoming an eye surgeon and the other a neurosurgeon. He will be deeply missed.

PATRICK TREVOR-ROPER

NOTICES

Office of Continuing Education

A conference on coordination and monitoring of clinical trials will be held on 8–9 July 1993 at the Thomas B Turner Building, Johns Hopkins Medical Institutions, Baltimore, Maryland, USA. Further details: Conference Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Education, Turner Building, 720 Rutland Avenue, Baltimore, Maryland 21205–2195. (Tel: (410) 955–2959.)

Diabetic nursing

A one day conference on managing diabetes care – education and communication, will be held on 15 July 1993 at the Physics Building, Newcastle University, Newcastle upon Tyne, UK. Further details: Emma Borton, Profile Productions Ltd, Northumberland House, 11 The Pavement, Popes Lane, London W5 4NG. (Tel: 081-566 1902; Fax: 081-579 9258.)

Biomedical Optics Society

The International Symposium on Biomedical Optics Europe '93 will be held on 1–5 September 1993 at the Semmelweis Medical University, Budapest, Hungary. Further information: Direct Communications GmbH, Att Ms Karin Burger, Xantener Strasse 22, D-1000 Berlin 15, Germany. (Tel: ++49–30–881 50 47; Fax: ++49–30–882 20 28.)

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 Om 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 Congrès, Bordeaux, France. The congress is organised by the Universities of Bordeaux and Miami, and the Bascom Eye Institute. For details: Mme D Pouvreau, 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 Communica-

tions Inc, New Kyoto Center Building, 5F, Shiokoji, Shinmachi, Shimogyo-ku Kyoto 600, Japan.

American Academy of Optometry

The Ellerbrock 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 3) 5174571; Fax: (972 3) 5175674.)

Allied Health Personnel – International Congress of Ophthalmology '94

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).