Newsdesk

UK shortage of cornea donors
Donor cornea supply in the UK is predomi-
nantly channelled through the UK Transplant
Support Service (UKTSS) Authority, a cen-
tral organisation located in Bristol which
organises the distribution of organs for
transplantation generally. In recent years the
cornea transplant service (CTS), a subdivi-
sion of the UKTSS, has devoted to two main
centres of distribution, at Manchester and
Bristol. Supply of donor material has been
excellent and the service provided is a highly
efficient one, such that most anterior segment
surgeons can now schedule corneal graft
surgery as part of their routine surgical list.
For a number of reasons, it is believed that this
“cold surgery” approach has a beneficial effect
on graft survival. However, over the past year,
the ability of the CTS to sustain this service
has been under threat owing to the shortage of
corneas, especially from younger donors. The
number of requests accepted for donor corneas
has had to be restricted, and some users of the service are being faced with
rescheduling graft surgery or returning to the
old days of “adhoc” surgery when material
becomes available to them locally. The short-
age of tissue is due solely to a fall in numbers of eyes being contributed to the CTS eye
bank in the first eight months of 1997, only
2392 donor eyes were received, compared
with 2853 for the same period in 1996, a 16% reduction. The CTS is unsure as to the
reasons for this fall off in supply and aims to
encourage donations through a publicity
drive. In addition, the CTS offers courses in
eye retrieval techniques in Bristol and Man-
chester aimed at training non-medical sta-
aff, such as nurses and mortuary technicians.

Diabetes and the St Vincent
Declaration
Ophthalmologists responsible for the manage-
ment of diabetic eye disease need no reminder
of the aims of the St Vincent Declaration, a
declaration signed by the British Diabetic
Association, the World Health Organisation,
and several other national diabetic associa-
tions in 1989, which has set one target among
several as the reduction in blindness due to
diabetes by the year 2000. The British govern-
ment has now joined forces in this enterprise
with the publication of its guidelines for a
good diabetic service (Key features of a good
diabetic service. NHS Executive Health Serv-
ice Guidelines HSG (97)45). Its primary aims
are to support health authorities and general
practitioner fundholders in their fight against
diabetes by stressing the importance of the
multidisciplinary approach. Much of this is
involved in ensuring the dissemination of
information between disciplines but especially
to patients; in addition, there should be
flexibility in accounting for local needs and
regional differences in the population base.
The publication of these guidelines coincides
with the recent publication of the “Guidelines
for the management of diabetic retinopathy
by the Royal College of Ophthalmologists and
indicates the general drive to combat the mor-
bidity associated with diabetes.

NHS R&D: disseminating
information as part of the
Health Technology Assessment
Programme
The National (UK) Coordinating Centre for
Health Technology Assessment has as part of
its remit a responsibility for ensuring the
dissemination of information regarding stud-
ies which it has sponsored or underwritten.
The HTA was set up in 1996 to identify gaps
about health technologies important to deci-
sion makers in the UK National Health Serv-
vice and thus potentially has a significant influ-
ence on the practice and delivery of medicine.
HTA activities include prioritising potential
topics for research and commissioning high
quality research projects from academic de-
partments, not necessarily restricted to the
UK. Once the research is completed, the HTA
also reckons that it has responsibility for
ensuring that the data are published and
disseminated, and to achieve this the research
reports are produced as monographs. In this
regard the HTA became concerned that recent
promulgations concerning the undesir-
ability of authors to engage in duplicate
publication was in one sense seen as running
counter to its primary aims of ensuring that
the information is in fact disseminated to the
appropriate audience. As a result the HTA has
stated that it expects authors of monographs to be explicit to journal editors regarding sub-
mission of same or overlap material and to be
prepared to provide journals with monograph
material for assessment. In addition it has
indicated that it is willing to delay publication
of its monographs until after the publication
of the original data in the journal. These
assurances should alleviate any concerns
authors may have about duplicate publication.
Similar arrangements regarding publication of
proceedings of meetings and other possible
occasions of redundant publication might be
achievable and indeed would be highly
desirable.

A centre for motion perception
There is a long history of interpreting the
functions of the cerebral cortex from study of
patients with specific cortical lesions. This is
especially true for visual function. In a recent
letter to Nature (1997;389:849) a patient, with
discrete bilateral extrastriate cortical lesions,
was found to have a false perception of motion
when viewing the stationary world. Normally
when we scan the world around us using
smooth pursuit movements, the motion of the
external images across the retina is not
detected because in some way we “subtract
the retinal motion signal from an internal ref-
ence signal” generated by the movements of
the eye. This is known as the retinal slip and
the patient described in the letter by Har-
meier and colleagues had lost the ability to
compensate for retinal slip when the motion of
the stationary world corresponded to that of
his eye movements. As a result he had
complaints of vertigo and nausea especially
when tracking movements such as watching
his children on a carousel or playing a com-
puter game that involved tracking movements.
Magnetic resonance imaging showed he had
damage to the parieto-occipital region of the
brain on both sides and the authors believe
that while the precise area in humans which
regulates this form of “ego motion” has yet to
be located it must lie in close proximity to the
motion processing area of cortical area V5.

Vitamin C and cataract
A recent study in the American Journal of
Clinical Nutrition (1997;66:911) has addressed
yet again the question of oxidation and
cataract formation. This time, Jaques and col-
leagues performed a cross sectional study, in
women over a 10–12 year period, of vitamin C
use without prior assessment of lens status,
thus avoiding the potential bias of knowledge
of lens status influencing the observations.
The study cohort comprised 247 women aged
56–71 years. Vitamin C use was associated
with a 77% reduction in the incidence of early
cataract formation. However, prolonged use of vitamin C appeared to be
important since there was no reduction in the incidence of cataract if the intake of
vitamin C was less than 10 years. The authors
probably underestimate the value of vitamin C
to a degree since, by the nature of the methods
inherent in questionnaire evaluation of dietary
intake, they restricted themselves to supple-
mental vitamins C intake and excluded intake
of vitamin C in foods. However, the results are
interesting and support a mechanism involv-
ing oxidation of lens proteins in cataract
formation.