Editor,—The term “disposable” contact lens is a misnomer perpetuated by the contact lenses industry. Intuitively, a disposable item is discarded after use. Not so, however, for the “disposable” contact lens, as the term was introduced initially by the contact lens industry, for a lens that could be worn for 1, 2, or 4 weeks or on an extended wear basis and then be disposed of. A later term adopted by them was “planned replacement”, which is a better description of this lens wear modality. This differs from true “daily disposable” lens wear (a recent introduction), where each pair of contact lenses is worn only once and then discarded.

The primary difference between planned replacement and daily disposable contact lenses is the modality of wear, not any particular feature of the contact lenses or their material. A patient could obtain daily disposable contact lenses, but decide to reuse them with appropriate cleaning and disinfection, and so would cease to be a daily disposable lens wearer and become a planned replacement lens wearer instead, though using the same contact lenses. The patient reported by Woodru et al has not reported Acanthamoeba keratitis associated with daily disposable lens wear; they reported an Acanthamoeba keratitis infection associated with planned replacement lens wear, combined with an inadequate care regimen (saline).1 This has previously been well recorded.2

It is important to warn patients that rewear of daily disposable contact lenses carries an increased risk of infection, and removes any benefit associated with this modality. We agree with Woodru and Dart that patients prescribed daily disposable lenses must be counselled not to reuse them. However, we do not agree that they have reported a case of Acanthamoeba keratitis with daily disposable lens wear. There has still been no report of Acanthamoeba keratitis with daily disposable lens wear discarded daily. This lens wear modality affords great advantages over others, in terms of hygiene and simplicity, when used as intended. This needs to be emphasised as it is important that neither the public nor the eye care professions are misled regarding the hygiene benefits of true daily disposable contact lenses.

KENNETH J BLADES
ANAL TOMLINSON
Optometry and Vision Science, Glasgow Caledonian University, Connaughts Road, Glasgow G4 0BA

DAVID SEAL
Department of Optometry and Vision Science, City University, Dame Alice Owen Building, 311-321 Goswell Road, London EC1V 7DD

Reply
Editor,—Our letter clearly describes a “daily disposable” lens user who developed Acanthamoeba keratitis on one occasion when she decided to “misuse” her lenses and store them overnight in saline. If we, and other researchers carrying out epidemiological studies, followed their advice and reclassified all daily disposable lens users as “planned replacement” users every time they “misused” their daily disposable lens this would make nonsense of any analysis of risk factors, in that no daily disposable lens user would ever develop a complication from misuse of their lenses because they would have become a planned replacement user by doing so. For this reason the lens should be classified by the way in which it was intended to be used and any deviations from this recorded; altering the classification after an adverse event will give rise to misleading statistics.

JOHN DART
Moorefield’s Eye Hospital, London EC1V 2PD

Decline in eye donation in the UK

Editor,—It was alarming to read the newsdesk item “Decline in eye donation in the UK continues” published in the November 1999 issue of BJO and authored by John Armitage. The dramatic fall in eye donation is definitely a cause for concern. So far, the general impression was that the issue of eye donation is more complex and problematic in developing countries mainly because of the lack of awareness among the masses, besides many other secondary factors.

Could it be that rejection of more tissue samples, as a result of unsuitability has created resentment towards eye donation among the public? To overcome this problem we would suggest that if there is no systemic contraindication for the transplantation, all the donated tissues should be utilised either for PK/LK depending upon suitability.

Certainly, Armitage’s suggestion of enhancement of awareness about eye donation through different means is helpful. Besides, by strengthening the hospital tissue retrieval programme, more tissues are possible. Moreover, the problem of uneven proportion of eye donations in different regions of the UK can be overcome by spreading eye information and eye collection centres evenly all over the country, which will be more cost effective.

ANITA PANDA
SANDEEP KUMAR SANJAY K D THAKUR
Department of Ophthalmology, B P Koirala Institute of Health Sciences, Dharan, Nepal

Reply
Editor,—Data obtained from UK transplant show that the number of eyes retrieved in the UK in 1999 was similar to 1998 and that the decline in eye donation has apparently halted. In Scotland recently, there is a dedicated programme, more tissue procurement is possible. However, virtual all corneas that are suitable for PKP are in fact used clinically. Corneas that are unsuitable for PKP owing to endothelial deficiencies are, as suggested by Dr Panda, relatively low. So far as improving eye donation is concerned, one way forward would be to focus resources on just a few hospitals—for example, to employ tissue coordinators to promote eye donation and to ensure the availability of staff to carry out the eye retrievals. This approach can be successful as shown by a scheme run by the tissue bank in Edinburgh, and pilot schemes are currently being planned in other centres. Moreover, it is already the case that fewer than 10 centres are responsible for almost half of all eye donation in the UK. Just a few more hospitals operating at similar levels would solve the UK shortage. Another significant advantage of this approach is that with fewer centres involved the maintenance of high standards in donor selection can be more readily assured.

W JOHN ARMITAGE
CTW Eye Bank, Bristol


When it comes to describing the clinical features of ocular tumours, Jerry and Carol Shields are in a class of their own. So when I came across their three new atlases at the trade exhibition of the International Congress of Ocular Oncology held recently in their home town, Philadelphia, I bought all three volumes there and then.

I certainly have not been disappointed. The Atlas of Intraocular Tumours alone contains almost 1500 illustrations, all of superb quality. The other atlases on conjunctival and orbital tumours are similar. The material includes illustrations of both “common” and rare tumours, usually with several photographs of each tumour showing variations in clinical presentation. Diagnostic, pathological, and treatment are also covered in a pictorial manner. There are six illustrations per page, with a succinct legend beneath each figure. The illustrations are mostly displayed on the right hand page, with an introductory text and relevant references on the left hand page or at the top of the page (very “user friendly”).

Few ophthalmologists have the opportunity to see many ocular tumours and to develop their diagnostic skills. When given access to atlases such as the “attractive” presentations on tumour diagnosis, I have on several occasions noticed that members of an audience would fail to recognise a photograph of a “textbook” case, until I mentioned just one key sign, whereupon several delegates would suddenly call out the correct answer. This would suggest that texts have been memorised assiduously, but without learning what the clinical signs actually look like. The “Shieldsian atlas” goes down a long way towards solving this problem.

I expect that many ophthalmologists would enjoy browsing through these beautiful atlases not only to educate themselves for examinations or otherwise but also because the condi-
patients themselves are so spectacular. I am sure it would also be comforting for them to know that these atlases were available in their departmental library, waiting to be consulted the next time a patient with a “difficult” tumour came along.

BERTIL DAMATO


The aim of this atlas is to provide an insight into stereoscopic angiography, whether it is with fluorescein or indocyanine green. All the stereo illustrations use anaglyph technology and are viewed with the red/cyan glasses provided. The first two of its seven chapters are technical explaining both how to perform and how to interpret stereo ocular angiography. The remaining five chapters provide examples of various retinal diseases.

Most people purchasing this book would probably do so with a view to learning how to perform and interpret stereoscopic fluorescein angiograms of choroidal neovascular membrane formation in age related macular degeneration. This has become particularly important with the advent of photodynamic therapy. Unfortunately this book is not the answer. The first two chapters are well laid out and are informative but the latter chapters are not detailed enough. If you have not seen stereoscopic angiography before then this book is of interest, but most readers will not be satisfied and will be looking for another textbook to meet their needs.

JOHN A OLSON

NOTICES

Community participation in eye health and trachoma and the SAFE strategy

The latest issues of Community Eye Health (nos 31 and 32) discuss community participation in eye health (issue 31) and trachoma and the SAFE strategy (issue 32). For further information please contact Community Eye Health, International Centre for Eye Health, Institute of Ophthalmology, 11–43 Bath Street, London EC1V 9EL. (Tel: (+44) 171 608 6909/6910/6923; fax: (+44) 171 250 3207; email: eyeresource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

Residents’ Foreign Exchange Programme

Any resident interested in spending a period of up to one month in departments of ophthalmology in the Netherlands, Finland, Ireland, Germany, Denmark, France, Austria, or Portugal should apply to: Mr Robert Achevon, Secretary of the Foreign Exchange Committee, European Board of Ophthalmology, Institute of Ophthalmology, University College–Dublin, 60 Eccles Street, Dublin 7, Ireland.

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series

A course entitled “Diagnostic Ultrasound in the 21st Century” will be held in New York City, NY, on 25–27 August 2000. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14790 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

DR-2000, International Forum on Diabetic Retinopathy

The International Forum on Diabetic Retinopathy will take place on 7–9 September 2000 at the Palazzo Reale, Naples, Italy. Further details: Francesco Bandello, Congress Secretariat, MGR Congressi, Via Servio Tulliano, 20123 Milano, Italy (tel: 39 02 430071; fax: 39 02 48008471; email: dr2000@mgir.it).

VIII Tuebingen Angiography course

The VIII Tuebingen Angiography course will take place on 9 September 2000 in the auditorium, University Eye Clinic, Schleitstrasse 12, 72076 Tuebingen, Germany. Further details: WIT-Wissenstransfer, Universität Tuebingen (tel: ++49 7071-29 76439; fax: ++49 7071 29 5051; email: wit@uni-tuebingen.de/wit).

30th Cambridge Ophthalmological Symposium

The 30th Cambridge Ophthalmological Symposium entitled “The Ageing Macula” will be held on 13–15 September 2000 at St John’s College Cambridge. Chairman: Professor Alan Bird. Further details: COS Secretariat, Cambridge, UK. Tel: 01223 847464; fax: 01223 847465; email: b.ashworth@easynet.co.uk.

European Association for Vision and Eye Research (EVER)

The European Association for Vision and Eye Research (EVER) will be meeting on 4–7 October 2000 in Palma de Mallorca, Spain. Further details: Secretariat EVER, Postbus 74, B3000 Leuven, Belgium (fax: +32 16 53 85; email: EVER@med.kuleuven.ac.be).

Fifth Annual Meeting of the Association for Ocular Pharmacology and Therapeutics

The Fifth Annual Meeting of the Association for Ocular Pharmacology and Therapeutics will be held on 2–5 November 2000 in Birmingham, AL, USA. Further details: Jimmy D. Bartlett, OD, Department of Optometry, University of Alabama at Birmingham, 1716 University Blvd, Birmingham, AL 35294-0010, USA (tel: 205-934-6764; fax: 205-975-7052; email: jb Bartlett@icare.opt.uab.edu).

Mind’s Eye 2—Psyche and Sight Loss

The Society for Psychosomatic Ophthalmology and the British Psycho-Analytical Society present a conference “Mind’s Eye 2—Psyche and Sight Loss” on 4 November 2000 at the Institute of Psycho-Analyses, London. Further details: Mandy O’Keeffe, 67 Avenue Road, London N5 1BT (tel: 020 7288 2359; email: okeeffe@ukgateway.net).

12th Afro-Asian Congress of Ophthalmology

The 12th Afro-Asian Congress of Ophthalmology (Official Congress for the Afro-Asian Council of Ophthalmology) will be held on 11–15 November 2000 in Guangzhou (Canton), China. The theme is “Advances of ophthalmology and the 21st century.” Further
details: Professor Lezheng Wu, Zhongshan Eye Center, SUMS, New Building, Room 919, 54 Xianlie Nan Road, Guangzhou 510060, PR China (tel: +86-20-8760 2402; fax: +86-20-8777 3370; email: lwuicv@gzsums.edu.cn).

Singapore National Eye Centre 10th Anniversary International Congress
The Singapore National Eye Centre 10th Anniversary International Congress will be held in conjunction with 3rd World Eye Surgeons Society International Meeting on 2–4 December 2000 at the Shangri-La Hotel, Singapore. Further details: The Organising Secretariat, 11 Third Hospital Avenue, Singapore 168751 (tel: (65) 2277255; fax: (65) 2715 0089; email: cohk@netvigator.com).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series
A course entitled “Obstetrical Ultrasound” will be held in New York City, NY, on 24–26 August 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

The Hong Kong Ophthalmological Symposium '00
The Hong Kong Ophthalmological Symposium ’00 will be held 4–5 December 2000, in Hong Kong, China. Further information: Miss Vicki Wong, Room 802, 8/F Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong (tel: (852) 2761 9128; fax: (852) 2715 0089; email: cohk@netvigator.com).

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