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## MAILBOX

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### *Acanthamoeba* keratitis occurring with daily disposable contact lens wear

EDITOR,—The term “disposable” contact lens is a misnomer perpetuated by the contact lens 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 lens wear 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 Woodruff and Dart behaved as described above, so the authors have 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).<sup>1</sup> This has previously been well recorded.<sup>2,3</sup>

It is important to warn patients that re-wearing daily disposable contact lenses carries an increased risk of infection, and removes any benefit associated with this modality.

We agree with Woodruff and Dart that patients prescribed daily disposable lenses must be warned *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 contact lenses 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 eyecare professions are misled regarding the hygiene benefits of *true* daily disposable contact lenses.

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- 1 Woodruff SA, Dart JKG. *Acanthamoeba* keratitis occurring with daily disposable contact lens wear. *Br J Ophthalmol* 1999;83:1088–9.
- 2 Seal DV, Kirkness CM, Bennett HGB, et al and Keratitis Study Group. Population-based cohort study of microbial keratitis in Scotland: incidence and features. *Contact Lens Anterior Eye* 1999;22:49–57.
- 3 Seal DV, Kirkness CM, Bennett HGB, et al and Keratitis Study Group. *Acanthamoeba* keratitis in Scotland: risk factors for contact lens wearers. *Contact Lens Anterior Eye* 1999;22:58–68.

### 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 a nonsense of any analysis of risk factors, in that no daily disposable lens user would ever develop a complication from misuse of their lens 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.

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W JOHN ARMITAGE  
CTW Eye Bank, Bristol

### 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* (p 1214). As stated by Dr 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 tissue procurement is 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.

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### 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. But that is certainly no reason for complacency as the demand for corneal tissue in 2000 is expected to continue to exceed supply. So, what can be done to improve this situation? I agree with Dr Panda and colleagues that the issues surrounding eye donation, or lack of it, are complex and the reasons for fluctuations are not always obvious. Dr Panda suggested that non-use of tissue may lead to resentment among the lay public and an unwillingness to donate. In the UK,

however, virtually 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 selections can be more readily assured.

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## BOOK REVIEWS

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**Atlas of Intraocular Tumours.** Jerry A Shields and Carol L Shields. Pp 365; £101. Philadelphia: Lippincott, 1999. ISBN 0-7817-1916-X.

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 approaches and treatments 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 giving “interactive” 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 mention 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 “Shields atlas” goes 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-

tions 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

**Stereo Atlas of Fluorescein and Indocyanine Green Angiography.** By PJ Saine, ME Tyler. Pp 147; £70. Oxford: Butterworth-Heinemann, 1999. ISBN 0-7506-7001-0.

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

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## NOTICES

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### 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 Acheson, Secretary of the Foreign Exchange Committee, European Board of Ophthalmology, Institute of Ophthalmology, University College Dublin, 60 Eccles Street, Dublin 7, Ireland.

### British Ophthalmic Photographic Association

Forthcoming meetings of the British Ophthalmic Photographic Association are: 8 July 2000 at Southampton Eye Unit. Further details: Tim Mole (tel: 01703 798747). On 17-18 November BOPA annual conference at York. Further details: Mike Geall (tel: 0113 3923506).

### Joachim Kuhlmann Fellowship for Ophthalmologists 2000

The Joachim Kuhlmann AIDS Foundation, Essen, Germany, is sponsoring two fellowships per year for ophthalmologists at a well known institute, who want to train in CMV retinitis and other HIV related ophthalmological diseases. The fellowships are valued at \$US5000 each. Deadline for application is 31 July. Detailed applications, including CV and publication list, should be sent to the Joachim Kuhlmann AIDS Foundation, Bismarckstrasse 55, 45128 Essen, Germany (tel: 0201 87910-87; fax: 0201 87910-99; email: jk-stiftung@t-online.de).

### Guide Dogs for the Blind Association

The Guide Dogs for the Blind Association will host the 10th International Mobility Conference at Warwick University on 4-7 August 2000. Further details: Guide Dogs, c/o Michelle Grant, One Events (tel: 020 8682 2442; email: michelle@one-events.com).

### Ophthalmology 2000

A conference "Eye care in the clinic and the community" will be held 9-12 August 2000 in Melbourne, Australia. Further details: John Keefe, Centre for Eye Research Australia at the Royal Victorian Eye and Ear Hospital, 32 Gisbourne Street, East Melbourne 3002, Australia (tel: +61 3 9929 8360; fax: +61 3 9662 3859; email: 2000@cera.unimelb.edu.au).

### 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, 14750 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 Tullio, 4, 20123 Milano, Italy (tel: 39 02 430071; fax: 39 02 48008471; email: dr2000@mgr.it).

### VIII Tuebingen Angiography course

The VIII Tuebingen Angiography course with wet lab will take place on 9 September 2000 in the auditorium, University Eye Clinic, Sch-

leichstrasse 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 Conferences, The Lawn, 33 Church Street, Great Shelford, Cambridge CB2 5EL (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 33 67 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: jbartlett@icare.opt.uab.edu).

### American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series

A course entitled "Ultrasound Diagnosis and Management of Fetal Growth Abnormalities" will be held in Las Vegas, Nevada, on 3-5 November 2000. 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).

### 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-Analysis, London. Further details: Mandy O'Keefe, 67 Avenell Road, London N5 1BT (tel: 020 7288 2359; email: okeefe@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) 2277290; internet: www.snec.com.sg).

**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).

**American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series**

A course entitled “Obstetrical Ultrasound” will be held in Marina del Rey, CA, on 12–14 January 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).

**American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series**

A course entitled “Obstetrical and Gynecological 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).