A former fellow coined the term the *fellow eye syndrome*, a term which has become synonymous with the complication in this region. We certainly did not intend for Sangtam *et al* or others to take offence at this suggested name, but in absence of Rubinstein providing an eponym we believe this appellation might be an acceptable intitulation.

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Sir,

The clinical utility of colour Doppler imaging

We read, with great interest, the recent article by Zeitz, Vilchez, Matthiessen, Richard, and Klemm titled 'Volumetric colour Doppler Imaging: a useful tool for the determination of ocular blood flow in glaucoma patients?' Two issues within the manuscript require attention. The authors state that the only technology providing quantification of volumetric flow as volume per unit time in a specific vessel is fluorescein angiography. They have ignored the Canon laser blood flowmeter. The technology is FDA approved, has been reported in the literature in multiple publications,[1] and its very existence contradicts the authors' statement.

More importantly, the authors conclude that since they were unable to detect significant dorzolamide-induced increases in retinal blood flow with a volumetric CDI measurement, the technology is inapplicable in ophthalmology. This is a sweeping statement that is unsupported by research findings. In the present study, the authors' findings are consistent with those in the literature. In multiple studies, we also failed to detect significant changes in CDI parameters.[2–5] The present findings support the existing literature suggesting that arterio-venous passage times are more sensitive to changes in retinal haemodynamics than CDI.

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Sir,

Reply to A Harris

We would like to take the opportunity to reply to the comment by Alon Harris on our recent publication on volumetric colour Doppler imaging (vCDI). We agree with Alon Harris that the Canon laser blood flowmeter is to measure blood flow, but this is only the case in visible retinal vessels. The ciliary arteries or the ophthalmic artery cannot be assessed by the Canon laser blood flowmeter. This is an important limitation of this method.

In general, we agree with the comment of Alon Harris that the reports on effects of dorzolamide on CDI parameters are nonuniform. Nevertheless, it is commonly thought and also shown by the publications of Harris cited in his letter to the editor that dorzolamide increases ocular blood flow. Therefore, we applied dorzolamide as a standard in our study since a method that is applicable in clinic and research should detect such changes. vCDI failed to do so, which led us to the negative conclusion on vCDI's usefulness. In accordance with this conclusion, Harris is probably right that the