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Sir,
The usefulness of the Amsler chart

Referring to Zaidi *et al's* paper (*Eye* 2004; **18**: 503–508), Marc Amsler was emphatic that his charts are to be used as a white grid on a black background. My own experience has confirmed that defects are much more easily picked up in this way. A pad of recording charts was included as a convenience but not as an alternative. Which charts were the patients given to use at home?

I was fortunate in 1946 to visit Professor Amsler in Zurich and he spent time explaining the use of these charts. He was emphatic that the chart was used as a white grid on a black background.

He told me how important it is to explain to the patient that the gaze must be fixed on the central spot while being aware of the whole chart. Questions were to be put in a strict sequence. Can you see the central spot? While looking at the spot and not moving your eye can you see the four corners? The four sides? Is any of the pattern missing? Distorted? Blurred?

In his paper delivered to the Oxford Congress, Amsler gave several examples of the usefulness of the test. (Amsler M. Quantitative and qualitative vision. *Trans Ophthalmic Soc UK* 1949; **69**: 397–410, 9 Figs). Duke Elder also describes the method with illustrations (Duke-Elder S. *System of Ophthalmology*, Vol 7. Kimpton: London, 1962, pp 396–397).

In the booklet of Amsler charts, a pad of recording sheets was provided for convenience but not as an alternative. It appears that in recent years, the recording sheets have been given to patients at risk of macular disturbance asking them to use them at intervals to observe any distortion of the lines.

In my own practice, I have found that patients with central scotoma or metamorphopsia find difficulty in appreciating the defect on the recording charts, but do so easily on the proper white on black

charts. This amply confirmed Professor Amsler's experience.

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Sir,
More than meets the eye: alternatives to black-on-white visual field testing

The informative comments by Mr Roper-Hall and Dr Mutlukan are valued contributions to understanding the background to much modern psychophysical testing of the central visual field. The original quotes from Professor Amsler are very relevant to current practice in the use of Amsler grids and are sure to educate many contemporary ophthalmologists. Indeed, one cannot help but wonder why the current black grids on white paper were introduced, presumably as they would seem to be easier to print and thus might be more cost-effective in our predominantly state-run healthcare system in the United Kingdom.

We would emphasise, however, that our study was not to determine which type of chart is the best to use, nor the extent of visual field loss it detected, but rather an assessment of methodology that is normal current practice.¹ We found that the British National Health Service most often uses the Chart No. 1 by Keeler: a black grid on a white background. In short, our study found this to be an unsatisfactory test and Professor Amsler's original comments may indeed partly explain this. However, we stress that Amsler charts should continue to be dispensed as they do detect a fair proportion of subretinal membranes (approximately 30% in our study using black on white charts).

The significance of this area is increasing considerably with PDT laser and other treatment modalities for age-related macular degeneration that require early reliable detection of subretinal neovascular membranes.