LETTERS TO THE EDITOR

Sir,

In a recent review article,[1] Mr Cook referred to a preliminary study[2] of patients with a clinical diagnosis of adenoviral conjunctivitis in which 19% of 53 eyes that were culture-positive for the virus had a coexistent bacterial infection. Both Cook and the authors of the original study suggest topical antibiotic use: the former prophylactically, the latter therapeutically.

We believe the study showed only that eyes with adenoviral conjunctivitis harbour bacteria, the large majority of which were found to be *S. aureus*. No evidence was offered to demonstrate a concomitant clinical bacterial infection. We have, throughout our careers, treated adenoviral conjunctivitis without specific therapy and the disease characteristically resolves spontaneously. These observations lead us to conclude that secondary bacterial infection is exceedingly rare, and that routine administration of a topical antibiotic is not warranted.

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Dear Sir,

The investigators at the Wills Eye Hospital are to be congratulated for their recent review of the colour Doppler imaging technique in *Eye*.[1] In some details, however, our own findings have been in disagreement with the statements made in this article.[2] In particular it is not our experience (over 300 cases have been examined) that the central retinal vein is difficult to examine. With our technique and equipment (Acuson 128) the vein is reliably measured (coefficient of repeated measures 13.6% for maximum velocities and 12.2% for minimum velocities). Our own examination of patients with central retinal vein occlusion detected more dramatic reductions in the venous velocities than in the central retinal artery, especially in those with ischaemic disease.[3,4] Indeed further follow-up of these patients has revealed that the venous velocities can be employed to predict those patients who will subsequently develop rubeosis (unpublished data).

We have in our previous publications alluded to the poor reliability of the measurements from the posterior ciliary arteries.[5,6] In a recent reproducibility experiment the range of coefficients of repeated measurements of the velocities was 22.2–38.8%, which is in broad agreement with their coefficient of variation (calculated from Table I in their article) of 34% for peak systolic velocity and 51% for peak end-diastolic velocity. Great care must be taken when interpreting the results of studies of the posterior ciliaries because accurate angle correction for the direction of travel of these vessels is impossible, resulting in imprecision in the conversion of Doppler frequency shifts to velocities.

In the assessment of this new technique it is inevitable that there may be some areas of disagreement about details. Otherwise we share the enthusiasm of the authors and agree that there is great potential for this method to provide us with insights into ophthalmological vascular disease processes.

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