

attention to problems linked to corneal thickness, the potential role of the corneal radius of curvature was missed. To a first approximation, the pressure in an inflated balloon is inversely proportional to its radius. The corneal radius of curvature increases toward the limbus, and, halfway along, the radius is such<sup>2</sup> as to produce readings systematically reduced by approximately 4.5%. The constant of 0.87 (which appears to be correct) is consistent with this notion. Lastly, we have not been given any information on the patients' ages. This could be important since Fischer<sup>3</sup> noted a systematic variation with age in a study in which he compared pressures measured corneally and sclerally respectively, and the mechanical properties of the cornea are known to alter with age.

#### References

1. Mok KH, Wong CS-L, Lee VW-H. Tono-Pen tonometer and corneal thickness. *Eye* 1999;13:35-7.
2. Abrams D, Duke-Elder S. System of ophthalmology (Duke-Elder S, editor). Vol. V: Ophthalmic optics and refraction. London: Henry Kimpton, 1970:130.
3. Fischer FP. Senescence of the eye. In: Sorsby A, editor. Modern trends in ophthalmology, vol II. London: Butterworth, 1948.

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Sir,

We congratulate Banerjee and colleagues on their recent paper on the role of ophthalmic triage and the nurse practitioner in the eye casualty department.<sup>1</sup> It is particularly interesting to note that there was high concordance between the ophthalmologist and the nurse practitioner in the diagnosis and management of patients in the ophthalmic casualty. However, it is disappointing to observe that in a prospective study such as this, they had to exclude 171 (36%) out of a total of 472 patients from the final analysis due to partially completed forms. We wonder whether this has induced a bias in final concordance levels between two professional groups.

Banerjee *et al.* suggest that the well-recognised problems of increased workload and unacceptable waiting times could be solved by improving the ophthalmic training of the GPs, setting up primary care clinics and expansion of the role of nurse practitioners. A hospital-based primary care centre such as the one established at Liverpool would address all these issues.<sup>2</sup> The ophthalmic primary centre that has replaced the old ophthalmic accident and emergency department has been in commission since 1994. Staffing consists of a mixture of part-time GPs, trainees and specialist primary care staff including the director of primary care, triage nurses and nurse practitioners. It functions as a quick, efficient one-stop shop for all urgent and non-urgent self-referrals as well as GP referrals. We agree that nurse practitioners can play an invaluable role in reducing the workload and the waiting times – a fact also highlighted in our previous publications.<sup>2,3</sup>

In addition to long waiting times, increased workload in ophthalmic accident and emergency departments would result in shorter consultation time (often as short as 2 minutes). The nurse practitioners at the primary centre of St Paul's eye unit diagnose, treat and discharge about 32% of all attenders.<sup>4</sup> This allows the medical staff to devote more time to complex cases.

Finally, it is not clear what objective measures the triage nurse took before assigning a patient to a particular triage category. In our experience a short history supplemented by measurement of visual acuity, pupillary functions, colour vision testing when appropriate, slit-lamp examination and tonometry would increase the accuracy of triage.

#### References

1. Banerjee S, Beatty S, Tyagi A, Kirkby GR. The role of ophthalmic triage and the nurse practitioner in an eye-dedicated casualty department. *Eye* 1998;12:880-2.
2. Rao GP, McGalliard JN, Harding SP. Hospital based primary care centres in ophthalmology [editorial]. *Eye* 1997;11:1-2.
3. Rao GP, Hughes A. Nurse triage may reduce workload in the accident department [letter]. *BMJ* 1995;311:1575.
4. Ilango B, McGalliard JN, Hughes A. Role of nurse practitioner in the primary care eye clinic. *J Accident Emerg Nursing* (in press).

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