Figure 1 (a) Wide-field colour photographs and (b) fluorescein angiography obtained before treatment. (c) Wide-field autofluorescence during pan-retinal photocoagulation. The red circle denotes the absence of the laser scar. (d) Wide-field autofluorescence after additional laser treatment.

imaging approaches such as colour photography or indirect microscopy, both of which utilise white light.^{3,4} The Optos 200TX (Optos PLC, Dunfermline, UK) used for autofluorescence imaging at our institution utilises green light with a wavelength of 532 nm and detects the emitted signal with a detector calibrated for detection at 570–780 nm. The use of a single wavelength may reduce reflection by asteroid bodies.

Wide-field FAF therefore represents a non-invasive tool with which to localise laser scars and thereby inform the practice of PRP. This tool will be extremely valuable in the treatment of individuals with proliferative diabetic retinopathy and severe asteroid hyalosis.

Conflict of interest

The authors declare no conflict of interest.

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**Sir,
Fuchs fuchs Fuch's and Fuchs'!**

I was illuminated to read the RCOPhth eponymous lecture in the October issue of *Eye*.¹ However, I was disappointed that it compounds the confusion regarding the correct name of the condition. Although the disease is

called "Fuchs dystrophy" for most of the article, there is at least one instance of "fuchs". My experience is that one sees Fuch's all too often.

Fuchs' corneal endothelial dystrophy was named after the Austrian ophthalmologist Ernst Fuchs (1851–1930). As his name is "Fuchs" the apostrophe is after the s. The correct name of the disease is Fuchs' endothelial dystrophy and perhaps this should have been picked up in the editorial process. I am slightly sad that our national College publication needs to have grammar corrected by a foreigner!

Reference

- 1 Bruinsma M, Tong CM, Melles GRJ. What does the future hold for Fuchs endothelial dystrophy; will 'keratoplasty' still be a valid procedure? *Eye* 2013; 27: 1115–1122.

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Sir, Reply to Fuchs fuchs Fuch's and Fuchs'!

With great interest I have read the comment of Professor Claoué on the use of the possessive 's' or merely its apostrophe in 'Fuchs endothelial dystrophy'.¹ As a non-native English speaker, I have been told on many occasions that it might be better 'to keep my mouth shut and appear stupid than to open it and remove all doubt'. However, risking eternal shame now seems outweighed by the urge to attempt to counter the issue.

On the continent, one teaches that a named disease loses the 's' (or the apostrophe for a name ending with 's') once it is generally considered to be an entity. The possessive 's' would seem incorrect as the disorder

was recognized, but not 'owned', by that person. In other words, for example in Fuchs endothelial dystrophy, one is not referring to the eyes of Dr Fuchs himself as being ill, but to a general disorder that bears his name. Similarly, we refer to entities like Bowman layer, Khodadoust line, Lyme disease, the London Tower, and so on.

The situation becomes even more complicated in discussions with some journals that voluntarily added an 's' to the title in our papers on, for example, 'Descemet's stripping endothelial keratoplasty'. The 's' may add to the confusion because, while referring to the general concept of a surgical technique, it is suggested that either Dr Descemet had to undergo the procedure himself or, even more doubtful, Dr Descemet has arisen from the grave to do the surgery himself or at least to strip during the procedure.

However, that being said, in the end all grammar may be overruled by native English speakers, who probably 'feel' what is most appropriate. The apostrophe poses a devil's dilemma, whereas 'devil dilemma' would appear more accurate.

Conflict of interest

GRJ Melles is a consultant for DORC International BV/
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Reference

- 1 Claoué C. Fuchs fuchs Fuch's and Fuchs'! *Eye* 2014; 28(5): 636.

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