

Optisol, eye banks should ideally switch over from enucleation to in situ corneal excision procedures. This will enable better viability of donated corneas during storage. With increased resistance to the antibiotics used in preservation media, inclusion of alternative antibiotics must be considered.³

After corneas reach the eye bank, they are examined using a slit lamp to check for corneal and stromal pathology. The endothelial cell density is also examined by specular microscope; this is necessary as donor corneas with a low number of endothelial cells are likely to fail soon after surgery. The processing of whole eyes must be done within a laminar flow hood maintained in sterile conditions.

The suitability of a cornea for transplantation is assessed by the corneal surgeon, who will consider the donor screening report, slit lamp and specular microscopic results, and serology reports. Following processing and evaluation of corneas and serological testing, transplantable corneas are transported to hospitals individually sealed and packaged, maintaining the cold chain at four degrees Celsius. The vial containing the cornea must be labelled properly with the eye bank name, tissue number, name of the preservative medium, medium lot number, expiry date of the medium, and date and time of the donor's death. The surgeon must also be provided with the donor screening, tissue evaluation, and serology reports. It is important that the eye bank follows a fair and equitable system of tissue distribution.

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OBITUARY PROF BARRIE JONES

Dear Editor,

It was with great sadness that we learnt of the death of **Prof Barrie Jones** on 19 August 2009 in Tauranga, New Zealand, aged 88.

He was admired worldwide for his work in developing the concept of prevention of blindness and for establishing the International Centre for Eye Health (publishers of the *Community Eye Health Journal*) in 1981. He was in fact responsible for encouraging the launch of the first issues of this journal. However, your readers may not be aware of his major contributions, earlier in his career as first clinical professor of ophthalmology in the University of London, to the science and management of corneal and external eye disease.

Barrie first addressed the range of virus infections of the eye seen in London, writing about adenovirus infection and corneal involvement by the vaccinia virus. He conducted much laboratory research on herpes simplex infection, and randomised trials of interferon, idoxuridine, trifluorothymidine, adenine arabinoside, and ultimately acyclovir. A rational approach was developed to the management of different stages of herpetic keratitis, including mechanical debridement, when to use corticosteroids,

Standards

Eye banks should develop and adhere to acceptable standards. This reduces the risk that grafts will fail or that infection will be transmitted. It may help to refer to the technical guidelines and acceptable minimum medical standards of the European Eye Banking Association (see Useful Resources, page 38).

Finding donors

Even with an effective eye bank, finding enough people willing to donate their corneas can be difficult.

Public awareness programmes play an important role. They must emphasise that corneas can be donated by anyone, whatever their age, religion, or gender, and that neither enucleation nor in situ corneal excision causes disfigurement of the face or any delays in funeral arrangements. Family pledging is also becoming more important as family consent is usually needed before eyes or corneas can be removed.

Some of these problems may be circumvented by favourable legislation for eye donation, such as a 'required request' law. This law requires hospital authorities to identify potential cornea donors and obtain consent from bereaved family members. Another law employed in some countries, such as the United States and Ethiopia, is a 'presumed consent' law. Under this law, every person who dies while in hospital is presumed to be an eye donor unless this is actively rejected by their next of kin.



Ramayamma International Eye Bank, IVP

An eye donation counsellor speaks to family members of a deceased person. INDIA

Hospital cornea retrieval programmes can meet some of the immediate need. In these programmes, trained eye donation counsellors approach family members of the deceased and motivate them to consider eye donation. Training these counsellors in the art of grief counselling assists them in approaching family members at an appropriate time, sharing their grief, and preparing them to take the positive step of giving permission for eye donation on behalf of their loved one.

References

- 1 Rao GN. What is eye banking? *Indian J Ophthalmol* 1996;44: 1-2.
- 2 Mannis MJ, Reinhardt WJ. Medical standards for eye banks. In Brightbill F (ed): *Corneal surgery, theory, technique and tissue*, pp 531-548. St Louis: CV Mosby, 1993.
- 3 Gopinathan U, Agarwal V, Sharma S, Rao GN. Donor corneal scleral rim contamination by gentamicin resistant organisms. *Indian J Ophthalmol* 1994;42: 71-74.



Barrie Jones, after his retirement, discussing the progress of the clinical trial of ivermectin with Prof Adenike Abiose. NIGERIA

and the role of corneal grafting.¹

Although a much less common cause of keratitis than in tropical countries, fungi nonetheless caused serious corneal infections in London. Barrie and his colleagues cultivated and tested the sensitivity of every fungus isolate to many different potential new drugs. He emphasized that the variations in sensitivity within each species were so great that it was necessary to base rational therapy on the results of sensitivity testing of each patient's own fungus.²

Barrie Jones was widely known as an authority on many aspects of trachoma. He developed methods of isolation, culture, and laboratory diagnosis. In extensive field studies in Tunisia, Iraq, and Iran he eluci-

dated the seasonal dynamics of transmission of blinding hyperendemic trachoma, recognising the importance of multicyclic re-infection and the role of flies in transmission in these countries. He carried out trials of early potential vaccines and of chemotherapy.³

He investigated and wrote about an astonishing range of other corneal conditions, including infections by amoebae, vernal and other allergic types of keratoconjunctivitis, Thygeson's superficial punctate keratitis, pemphigoid, and dry eye syndromes. In the operating theatre, he pioneered new surgery of the lacrimal canaliculi and duct and improved the techniques, postoperative management, and outcomes of corneal grafting.

When, around 1980, he turned the full energy of his thinking to the questions of blindness prevention, it was informed by this rich background of laboratory and clinical experience.

Gordon Johnson

Recommended reading

- 1 Jones BR. Symposium on Herpes Simplex eye disease. *Trans Ophthalmol Soc UK* 1977: 97; 305 - 355
- 2 Jones BR. Principles in the management of oculomyiasis. XXXI Edward Jackson Memorial Lecture. *Am J Ophthalmol* 1975: 79; 719 - 751
- 3 Jones BR. The prevention of blindness from trachoma. The Bowman Lecture 1975. *Trans Ophthalmol Soc UK* 1975: 95; 16 - 33

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