

Author's Response

Sir:

I am pleased that the original article on eyeball projection has generated interest and critical review by E. Craig, however, she does not support her suggestions with evidence. The literature clearly states that the mid-orbital tangent guideline specifically predicts the "outer point of the cornea" (1) p. 266, (2) p. 429, (3) p. 381, (4) p. 429, (5) p. 29, or the "apex of the cornea" (6) p. 328. Given E. Craig's comments, either the original guideline, although inaccurate (7), was intended to be used for globe positioning using the cornea as cited over the past 40 years (1–6) (note as recently as last year); or there has been initially, or at some later stage, a misunderstanding of basic anatomical terminology, with the iris being mistaken for the cornea; or changes have been made to the traditional globe projection guideline on a post-hoc basis by using the iris to "explain away" error in the original published guideline.

It would seem unlikely that basic terminology has been confused in the traditional globe projection guideline because the method was initially proposed by renowned physical anthropologists and has since been regularly cited by other experts. It also seems illogical that the mid-orbital globe projection guideline specifically refers to the cornea if it was meant to be used only with artificial eyes that have no simulated cornea or anterior chamber as indicated by E. Craig. Furthermore, since the guideline has been frequently cited over a considerable period of time (the past 40 years), in many peer-reviewed texts, it seems strange that it has not been corrected to "the plane of the anterior iris" if it has been known that the original guideline using "the anterior most point of the cornea" was incorrect.

E. Craig's claim that facial approximation practitioners have paid attention to the exophthalmometry literature also runs counter to her claim that there has been a misunderstanding of basic terminology. If practitioners were familiar with the exophthalmometry literature that uses anatomical terminology correctly, how could

the terminology have been confused and gone unnoticed in the facial approximation literature? Also why have no exophthalmometry papers been quoted earlier?

Unlike the conclusions presented in the original paper (7), E. Craig's comments are not supported by the published literature. If basic anatomical terminology has been previously confused by facial approximation practitioners as E. Craig suggests the original paper has been additionally useful in clarifying this matter and remains a significant contribution to knowledge. However, none of the points E. Craig raises refute any of the systematically tested and deduced findings of the original paper (7) that were based on factual evidence and which were simply stated in a courteous but clear and direct manner that is characteristic of the highest scientific professionalism possible—objective research.

References

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