
Sir:

In a recent article, *Facial Approximation: Globe Projection Guideline Falsified by Exophthalmometry Literature*, (1) Carl Stephan concludes that the globe projection guideline presently used by forensic sculptors is incorrect and should be replaced by measurements acquired from *in vivo* studies of the human eye. The author should be congratulated on his review of the exophthalmometry literature. However, the guideline he claims to have falsified is intended for the art-quality artificial eyes used by most forensic sculptors. These eyes do not have actual corneas. The iris is simply covered with a thin film of acrylic that forms the anterior surface of the prosthesis. Some facial approximation experts actually sculpt the eye from clay so that the iris itself forms the most anterior surface of the globe.

The anterior chamber of the human eye, that space between the posterior surface of the cornea and the anterior surface of the iris averages 3 mm or more (2,3). The central thickness of a normal adult cornea is between 0.52 and 0.6 mm (4,5) and is greater in younger individuals (4). This indicates that the current guideline for artificial globe positioning adequately compensates for the approximately 4 mm additional globe projection in the normal human eye “discovered” by the author. It does not, as the author states, “. . . indicate that facial approximation practitioners have blindly followed methods suggested by others, ignoring relevant exophthalmometry literature . . .”

It is important for us as scientists to research and publish useful anatomical data, but it is also important to present these findings in a professional and positive manner that simply adds to the overall base of knowledge. Unfortunately, the author’s gratuitous negative comments about facial approximation specialists and their profession may overshadow any benefits that could have been gained from his literature review.

References