

be few and indeed only 9 were seen during *all* the 4 years. We also considered the Pro-forma 4 of the Multi-centre Trial relating to surgical techniques an embarrassingly casual document which ignored the variation of techniques of individual surgeons and their choice of areas for coagulation. At least in Birmingham all the operations were performed by a team of only two surgeons; the way light coagulation was applied was standardized and the choice of targets was based on clear-cut principles—as stated in our paper. The trial, after all, was set up to assess the results of a surgical procedure—does it not worry Miss Kohner just a little that the returns on Pro-forma 4 can give absolutely no idea how the maculopathies were actually treated, what the targets for photocoagulation were, and why?

In our paper we reported on the work we have done. Because of limited resources and time we concentrated on affections of diabetic maculae. The recruitment to the B.D.A. trial—which embraces all types of diabetic retinopathy—is about completed and we believe the code will be broken soon. For establishing the value of photocoagulation for diabetic retinopathy perhaps it is as well that the truth is being searched for in more ways than one.

Yours faithfully,  
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#### **Corrigenda**

In the article Rubinstein and Myska (*Brit. J. Ophthalm.*, 1974, 58, 72), please correct pp. 81–84 as shown on p. 1017 (above).

In the article by Arden, Barnard, and Mushin (*Brit. J. Ophthalm.*, 1974, 58, 183), in the Table on p. 187 the headings of col. 5 and col. 6 have been transposed.