Advancing microsurgical instrumentation into the 21st century

EDITOR,—It seems a surprising omission from the Waldocks’ recent commentary on the future of microsurgical instrumentation not to have mentioned contamination with specific reference to transmissible spongiform encephalopathies (TSE).

We are aware of the implications of contamination, in particular from transmissible spongiform encephalopathies. We agree that there is a need for everyone associated with “high risk of transmission” surgery, such as ophthalmology, to rethink the strategies towards avoiding the risks of contamination. This needs to include a review of cleaning and sterilisation procedures as well as surgical instrument design.

As far as engineers and manufacturers of ophthalmic surgical instruments are concerned, there needs to be a complete reconsideration of instrument design. This includes a review of the materials being utilised, taking into account the need for durability to rigorous sterilisation procedures as well as cost. The assembly of the instruments must enable easy and thorough cleaning, while an evaluation of the methods by which manufacturing costs can be kept to a minimum may enable the production of affordable disposable instruments. Despite such criteria, it is important to maintain the high standards of quality which are required from instruments used in this field of surgery. This poses an interesting challenge and one which we agree requires an active and thorough debate on instrumentation for the 21st century, especially as ophthalmology, to rethink the strategies towards avoiding the risks of contamination.

We thank Tullo and Taylor for their interest in our commentary and for highlighting a very important issue regarding the future of microsurgical instrumentation. Instrument manufacturers are aware of the implications of contamination, in particular from transmissible spongiform encephalopathies. We agree that there is a need for everyone associated with “high risk of transmission” surgery, such as ophthalmology, to rethink the strategies towards avoiding the risks of contamination. This needs to include a review of cleaning and sterilisation procedures as well as surgical instrument design.

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is certainly possible. In this case, however, we feel there is no evidence that our patient had IPCV.


Retinopathy and myopia of prematurity

EDITOR,—I have some comments on the recently published article by Choi et al. dealing with long term refractive outcome and oculometry variables in Korean children of very preterm delivery. As for the sample under study (n=65) there are certain points to state. It is not made clear in the paper what the gestational age and birth weight and 28 weeks' gestational age. Exclusion of a great number of preterms appears subordinate to the severity of the eye disease. Otherwise, it is certainly possible. In this case, however, we defined, however, there are several studies of a similar refractive outcome, a longitudinal study. The question arises from the usually analysed preterm cohorts. The material appears highly selective; over a 6 year period, from two university clinics, only 10-11 preterm infants have been included per year. Screening limits were 1500 g birth weight and 28 weeks' gestational age. Exclusion of a great number of preterms appears likely, but criteria are not specified or discussed.

Eighty three percent acquired active ROP of at least stage 3. If unselected, this is the highest figure of advanced (and of any) ROP ever reported in developed countries. Apparently 54% of all in the series had threshold ROP according to US standards. They were given retinal ablation therapy by cryotechnique. Again, this represents a cryotherapy top score in ROP literature. Seventy seven eyes (out of the 125 under study) "survived" their ROP and the subsequent cryotherapy. The eventual full sample myopia frequency of 67% is very high. No account is given of visual acuity or blindness data. What is not made clear in the paper is that 17 eyes developed macular draping after the cryotherapy (and apparently there were no cases of more advanced retinal detachment). The remaining 50 eyes with cryotherapy were even recorded as having no cicatricial ROP but follow up at the ages of 3 months, 3 years, and 6 years.

With the overall ROP severity recorded, it is important to note that 27% of the ROP cases had cicatricial sequelae of the retina, the narrow definition apparently being draping of the macula.

In this context one may wonder why the authors preferred Reese's classification of the early 1950s, and not its acknowledged successor regarding cicatricial ROP. It even appears as if the Reese classification was not quite followed to the letter.

For comparison, in the same issue of BJOG in the US university clinic material published by Saunders et al. 143 preterm subjects were collected over 13 months and 12% acquired threshold or prethreshold ROP. To my knowledge there is no reason to assume that the Korean university clinics are not on quite such a developed level, nor that the infant susceptibility regarding ROP should markedly differ from what is known from nearby Asian metabolites. The authors further state that there are no previous longitudinal reports in the field. Depending on how “longitudinal” is defined, however, there are several studies of a rather similar trend up, and with emphasis on subsequent refraction and ophthalmometry keratometry results.1,1 It is from these studies that our present knowledge is compiled. This knowledge may be summarised as follows:

In ordinary myopia the correlations between the "minor" refractive factors (corneal power, anterior chamber depth, lens thickness) all tend to reduce the myopia otherwise independent of the main factor—the axial length elongation. Contra-, rary, as regards myopia of prematurity: the corneal curvature is steeper, anterior chambers are more shallow, and lenses thicker; axial lengths therefore appear relatively short for their myopia.1 Myopia is still mainly axial, but not so axial as usual. Though emphasising anterior segment features in high myopia the authors ignore or discard their own higher correlation between corneal power and presumed norm values. Apparently the generally steeper corneal cavities may have contributed 1–1.5 D to the myopia.

Finally, it was interesting to see the split up according to +/− cryotherapy for the 29 eyes with cicatricial sequelae of the retina, the myopia of prematurity averaged −2.97 D. In contrast, those without cryotherapy had −6.18 D. This might be interpreted as some protection exerted by the cryotherapy against the relative developmental involution that myopia of prematurity seems to represent. Otherwise, the cryotherapy itself has been blamed for generating myopia, but here it seemed to be subordinate to the severity of the eye disease for which the ablation therapy was applied.

HANS C FLEDELIUS
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deficiency was the cause of the epithelial healing problem and subsequent graft melting. — Martin Filipce

Late onset lattice dystrophy

Editor—I read with great interest the article by Stewart et al on late onset corneal dystrophy with systemic amyloidosis (familial amyloidosis of the Finnish type/Meretoja syndrome) and their claim that this was the first case described in the UK. I would like to point out our case report published in the BJO in November 1999. We described a classic case of Meretoja syndrome in an English woman which was confirmed by genetic testing of the patient and her daughter who both demonstrated the point mutation on the gelsolin located on chromosome 9.

The authors bring to our attention a second family with this disorder and rightly state that the concept of a geographically limited disorder—namely, familial amyloidosis of the Finnish type, must be treated with caution as isolation may occur elsewhere.

In our patient, immunocytochemistry of the corneal button removed at keratoplasty showed no labelling of the amyloid deposits with antibodies to pre-albumin, amyloid A, and SAA. This was in contrast with other studies where amyloid stained with antisera to serum amyloid P. Whether this represents a subtype of the condition is uncertain and it would be interesting to compare findings with Stewart et al although there is no mention of immunocytochemistry results in their paper.

A A MEARZA
Department of Ophthalmology, The Royal Free Hospital, Pond Street, London NW3 2QG


Topical analgesia during retinal laser photocoagulation

Editor—we read with interest the report by Weinberger et al., evaluating the analgesic effect of topical sodium diclofenac 0.1% during retinal laser photocoagulation. They found that topical sodium diclofenac 0.1% was associated with a statistically significant lower pain score compared with topical sodium chloride 0.9%, in patients receiving panretinal photocoagulation. They concluded that topical sodium diclofenac 0.1% should be applied before panretinal photocoagulation.

We agree with the authors that topical sodium diclofenac 0.1% has a better analgesic effect than topical sodium chloride 0.9% in this group of patients. However, this finding may not be clinically relevant. Topical sodium chloride 0.9% does not have any significant analgesic effect. Moreover, it is a common practice that patients receive topical anaesthetic, like oxybuprocaine 4%, before the procedure of photocoagulation. It may be more meaningful to compare the analgesic effect of these two groups of agents. There is also concern about the side effects of topical diclofenac. Ocular stinging is one of them. This may cause patient discomfort, as well as affect the rating of pain score of the panretinal photocoagulation procedure. Exacerbation of asthma by topical diclofenac has been reported. It may not be the appropriate analgesic in laser treatment for asthmatics and in patients with obstructive airway diseases. In summary, the role of topical diclofenac in patients receiving panretinal photocoagulation needs further evaluation.

Financial and proprietary interest: Nil.

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BOOK REVIEWS


The Art of LASIK is the second edition of the well known Excimer Refractive Surgery: Practice and Principles, by Jeffrey Machat, Stephen Slade, and Louis Probst. It is an outstanding reference, not only for the excimer refractive surgeon but also for anyone managing or co-managing patients who have had or plan to have laser refractive surgery. With the successes of refractive lenses, hyperopes, astigmats being on everyone’s lips, it is easy to become complacent as the number of successful cases and satisfied patients continues to mount. While the first edition placed great emphasis on procedures and techniques, there have been numerous advances in both instrumentation and in refinements of surgical technique in the intervening years to warrant a second edition. However, as one reads this volume, which has the contributions and clinical expertise of 45 clinicians with specific highlighted “pearls” showing the maximal correction possible using various LASIK techniques. These highlighted clinical pearls are present throughout the book, which serve to nicely emphasize major points and clinical observations.

LASIK surgeons will find the chapter on predictive formulas for LASIK most valuable, with nomographic provided for various levels of refractive correction and for different lasers. The discussion of adjustment factors, based on altitude of the treatment centre, age of patient, and even dryness of the climate, is most interesting, as well as the discussion of LASIK nomogram refinement from postoperative results.

Section two deals with the instrumentation involved in the LASIK procedure, including specifics, corneal markers, tomometry, forces and spatulas, as well as irrigation cannulas and antisiccation devices (in the rare event of a free flap). A very useful chapter devoted to in-depth discussion of various traditional microkeratomes and their comparative data is presented, along with excellent photographs. A specific chapter covering the operation of the Chiron Hansatome and the “down-up” LASIK technique for production of a superior based hinge will be welcomed by both experienced and novice LASIK surgeons alike. This section also has individual chapters devoted to disposable keratomes including the FLAPmaker (used on a monitored basis as numerous sites worldwide, including the Center for Sight at the Queen Victoria Hospital) and the Hydroblade water-jet microkeratome.

Section three is devoted to the preoperative evaluation of the patient. This is an extremely important topic, which should be read by anyone involved in the care of the patient. Dr Machat, “Managing patient expectations is the pivotal element to creating happy refractive patients”. Additionally, he writes “A surgeon who never has a complication is one who never performs surgery”. Candidate selection, careful screening for pre-existing conditions and anatomical limitations, as well as contraindications for LASIK are thoroughly explored, as is the topic of LASIK as the procedure of choice of patients over the age of 40 is given, but the reality is that few refractive surgeons wish to retreat patients, and as such bilateral LASIK treatment is commonly recommended. This is unfortunate as most presbyopes wish to shed their glasses or their presbyopic

As part of the Basic Bookshelf for Eyecare Professionals series Denise Cunningham’s contribution on clinical ocular photography does exactly what it says and gives a clear, basic explanation of a range of photographic skills and techniques needed to provide an ophthalmic photography service.

Aimed at practitioners in all branches of eye care, subjects covered include basic and scientific photography, ophthalmic photography, external eye, fundus photography, slit lamp photography, and fluorescein angiography with sections on darkroom techniques and photographic organisation. There are 140 pages including a comprehensive bibliography and useful index. The photographs used to illustrate various viewpoints are excellent and ingeniously devised — for example, the use a photograph of the face with drawings of the pattern of blood vessels held in front of each eye to show orientation. The quality of reproduction in the publication is somewhat lacking, although this is not glossy hardback and the price reflects this. It is suggested that gaining knowledge of the interpretation of fluorescein angiography, including pattern recognition and association with disease or disorders, will make individuals’ work more stimulating and also make them more valuable to the employer.

This book does not include digital photography of any kind and neither anterior nor indocyanine green angiography get a mention. However, although the digital age is with us all, a good background awareness of silver based photography as related to ophthalmic photography is still very important, and this publication provides it.

ALISON FARRROW


This book is a diagnostic atlas of ophthalmic ultrasonography, containing 446 diagnostic scanning techniques and labelling formats are described with clarity in the opening chapter. The techniques described are based on those of Karl Ossoinig, which have been further refined by Sandra Byrne.

B-scans are taken using a dedicated eye scanner with a mechanically rocked single transducer producing a sector format image. The probe is coupled to the open eye with methyl cellulose, and the images of the eye, not the eye itself, are recorded. B-scans are much less sensitive than their modern whole body counterparts, and often operators work on the open eye to avoid a reduction in sensitivity caused by attenuation of sound as it is transmitted through the eyelid.

This atlas contains over 480 diagnostic images, three quarters of which are B-scans. This reflects a shift in stress away from the A mode technique. Each chapter concentrates on a different portion of the globe. The resolution and grey scale on images is in general poor but, despite this, the authors illustrate some retinal tears and the diagnoses given in the clear and comprehensive figure legends are correct.

The book does not cover flow mapping or spectral Doppler techniques nowadays used routinely to image blood flow. The authors generally attempt to determine blood flow in tumours by flickering of echoes as seen using A mode techniques.

I found this atlas to be a clearly presented and, within the limitations mentioned above, well balanced book. I would recommend it to all those using dedicated eye scanners, and to those starting out in ophthalmic ultrasound.

MARI RECTORI


This book will, no doubt, sell well. It has a well known editor and many prominent contributors. The book has a high quality feel to it but is let down by the very poor photographic reproduction of many of the photographs taken from preoperative videos. James David-son (chapter 12) can produce reasonable quality stills. Why can’t the other contributors? Tables and figures, taken, from lectures, may look great on screen, but look tatty when incorporated into text. This is a pity since some of the chapters have attractive line drawing figures in the text. The style of presentation is so obviously important. Equally irritating is the need to refer to a subject where presentation is so clearly obvious. Naturally irritating is the needless repetition of some figures.

I found the title a little misleading since several of the chapters, particularly those towards the end of the book, really have very little to do with clear corneal incisions. I find the small portion of the book actually deals with the incision itself. For the most part what you have is a series of descriptions of “How I do phaco” by a series of well known cataract surgeons, which is fine. Of course, there are lots of other books along the same lines and another would probably not look so attractive. What would be a catchy title for another of the same? Clear Corneal Lens Surgery? Am I being cynical?

Clear corneal cataract incisions were not practised very widely in the USA before phacoemulsification but many British and quite a few European readers will be very familiar with an entirely different incision through a clear corneal incision and will have been familiar with its many advantages over a corneoscleral incision. Thus, moving from a scleral tunnel to the cornea as they set-tled into phaco techniques was a natural and welcome step. I thought the chapter on historical background was superficial and lacking the detail which subsequent chapters contained. Expansion could have made a much more fluent introduction to the authors’ work more stimulating and also make it more valuable to the reader.

Reading most of the chapters in the main part of the book I found it difficult to believe I was not reading a formalised version of the authors’ talks on their favourite method of performing cataract surgery. There was a lot of description and opinion but not very much in the way of explanation or justification. This is not the sort of book that one could dip into, and it certainly is not the sort of “cookbook” that could take a beginner through a procedure. Someone trying to identify a technique that would suit his or her personal style would have to work quite hard to get what was wanted. The information is there but there is a great deal of repetition in the process.
In summary, dear reader, if you are the sort of person who likes to read of and hear about lots of nice cataract surgeons do their cataracts, then this is just the sort of book that you’ll like.

COLIN M KIRKNESS


It really is a misfortune to refer to Professor Behrens-Baumann as editor since he has written all but the first chapter himself. I must plead a certain personal pleasure in being asked to review this book, since I have always found Behrens-Baumann’s writing clear and to the point. He writes from a position of strength about things he understands in a way that is comprehensible to the clinician.

The approach is straightforward and logical. An overview of important ocular pathogenic fungi is provided by a mycologist. Thereafter, there is a clear exposition of the few antifungal drugs available to us including a useful description of how these can be manufactured in drop form, which is of considerable use to those ophthalmologists working without the support of a good manufacturing pharmacy department.

There follow three large chapters or sections covering adnexal infection, keratomycosis, and fungal endophthalmitis. Histoplasmosis is treated separately and, finally, there is a chapter on laboratory experimental work which probably could be subdivided into animal models and pharmacology.

If I have any criticism it is about the very extensive listing the author provides to the clinical section. He has large tables listing fungi that have caused infection in various sites—for example, lids, cornea, or endophthalmitis. It is not explicit that these lists are meant to be exhaustive but the presentation makes one assume they are. They are not. He omits a number of single case reports of infections while including others. This may just be the fault of his search engine or perhaps more likely the fact that he missed them when they were first published. It is a small point but it detracts from what otherwise would be an encyclopaedic work.

The text is, nevertheless, concise. There are only 201 pages and many of these are lists of references (381 on keratomycosis). It is highly readable and of good practical value not just for the candidate cramming for Part 3 membership but for anyone, either specialist or non-specialist, who has to manage a case of fungal infection. He gives useful information on how to improve the yield of laboratory investigation, always a difficult question. Perhaps this section could have been expanded a little. I would also have liked to have seen a little more on epidemiology (although this was covered) and on geographic variation which was only mentioned in passing.

These relatively minor whinges aside, this is an important text which should be on the shelves of every departmental library. The pages should be worn from constant reference. Fungal infection in the UK is rare enough that most of us have fairly limited experience in dealing with it. The easily accessible advice of an expert such as Behrens-Baumann is a godsend and is very welcome. Mr clinical director, please buy this book.

COLIN M KIRKNESS

CD ROM REVIEW


This is one of a series of CD ROMs on international health produced by the Wellcome Trust. The series was originally planned as a replacement when the trust closed its museum of tropical medicine more than 10 years ago, and has been a long time in gestation. The available software has come a long way in the past 10 years, and we have come to expect a degree of user friendliness that enables a computer illiterate such as myself to gain easy access to the material; but unfortunately this CD ROM did not come up to my expectations in this respect. It was only after some frustration and considerable help from my wife that I was able to get hold of the main menu.

The menu revealed that the material was arranged in three main scenarios: a glossary, an image library, and a tutorial. The glossary is very broad and covers a wide variety of ophthalmological terms that bear no relation to trachoma. The image library is extensive, but includes a large number of pictures of Chlamydia trachomatis at various stages of its life cycle in tissue culture; it is hard to see that these will be relevant to most users with an interest in trachoma, who are unlikely to have access to tissue culture facilities. The other unfortunate, but undeniable fact is that all images are of very poor quality when viewed on standard PCs, whether desktop or laptop. I tried both, but the images were at best of advanced cartoon standard. The tutorial was well written and well planned, but also suffered seriously from the poor quality of the images; it would not be possible to learn how to diagnose or grade trachoma with images such as these.

In conclusion, given the choice, I would prefer a simple manual written on paper, which would be more easily accessible, and considerably more informative than this expensive produced CD ROM.

DAVID MALEY

NOTICES

Community participation in eye health and trachoma and the SAFE strategy

The latest issue of Community Eye Health (33) discusses provision of services for individuals with refractive errors with an editorial by Hugh R Taylor. For further information please contact Community Eye Health, International Centre for Eye Health, Institute of Ophthalmology, 11–43 Bath Street, London ECIV 9EL. (Tel: (+44) (0) 20-7608 6909/6910/6923; fax: (+44) (0) 7250 3207; email: cepressource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

COLIN M KIRKNESS

Residents’ Foreign Exchange Programme

Any resident interested in spending a period of up to one month in departments of ophthalmology in the Netherlands, Finland, Ireland, Germany, Denmark, France, Austria, or Portugal should apply to: Mr Robert Acheson, Secretary of the Foreign Exchange Committee, European Board of Ophthalmology, Institute of Ophthalmology, University College Dublin, 60 Eccles Street, Dublin 7, Ireland.

Guide Dogs for the Blind Association

The Guide Dogs for the Blind Association will host the 10th International Mobility Conference at Warwick University on 4–7 August 2000. Further details: Guide Dogs, c/o Michelle Grant, One Events (tel: 020 8682 2442; email: michelle@one-events.com).

Ophthalmology 2000

A conference “Eye care in the clinic and the community” will be held 9–12 August 2000 in Melbourne, Australia. Further details: John Keefe, Centre for Eye Research Australia at the Royal Victorian Eye and Ear Hospital, 32 Gisborne Street, East Melbourne 3002, Australia (tel: +61 3 9929 8360; fax: +61 3 9662 3859; email: 2000@cera.unimelb.edu.au).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series

A course entitled “Diagnostic Ultrasound in the 21st Century” will be held in New York City, NY, on 25–27 August 2000. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

DR-2000, International Forum on Diabetic Retinopathy

The International Forum on Diabetic Retinopathy will take place on 7–9 September 2000 at the Palazzo Reale, Naples, Italy. Further details: Francesco Bandello, Congress Secretary, MGR Congressi, Via Servio Tullio, 4, 20123 Milano, Italy (tel: 39 02 430071; fax: 39 02 48008471; email: dr2000@mgr.it).

VIII Tuebingen Angiography course

The VIII Tuebingen Angiography course with wet lab will take place on 9 September 2000 in the auditorium, University Eye Clinic, Schleischastrasse 12, 72076 Tuebingen, Germany. Further details: WIT-Wissenstransfer, Universitat Tuebingen (tel: ++49 7071-29 76439; fax: ++49 7071 29 5051; email: mit@uni-tuebingen.de/wit).

30th Cambridge Ophthalmological Symposium

The 30th Cambridge Ophthalmological Symposium entitled “The Ageing Macula” will be held 13–15 September 2000 at St John’s College Cambridge. Chairman: Professor Alan Bird. Further details: COS Secretariat, Cambridge Conferences, The Lawn, 33 Church Street, Great Shelford, Cambridge CB21 6ED (tel: 01223 847484; fax: 01223 847465; email: b.ashworth@easynet.co.uk).
Ophthalmic Anesthesia Society—14th Annual Meeting
The Ophthalmic Anesthesia Society will hold its 14th annual meeting on 15—17 September 2000 at the Wyndham Chicago Hotel, Chicago, Illinois, USA. Further details: Allied Management Associates (tel: 760-751-8941; fax: 760-751-8842; www.amianc.com).

European Association for Vision and Eye Research (EVER)
The European Association for Vision and Eye Research (EVER) will be meeting on 4—7 October 2000 in Palma de Mallorca, Spain. Further details: Secretariat EVER, Postbus 74, B3000 Leuven, Belgium (fax: +32 16 33 67 85; email: EVER@med.kuleuven.ac.be).

Fifth Annual Meeting of the Association for Ocular Pharmacology and Therapeutics
The Fifth Annual Meeting of the Association for Ocular Pharmacology and Therapeutics will be held on 2—5 November 2000 in Birmingham, AL, USA. Further details: Jimmy D Bartlett, OD, Department of Optometry, University of Alabama at Birmingham, 1716 University Blvd, Birmingham, AL 35294-0010, USA (tel: 205-934-6764; fax: 205-975-67 85; email: Jbartlett@icare.opt.uab.edu).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series
A course entitled “Obstetrical Ultrasound” will be held in New York City, NY, on 24—26 August 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

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Mind’s Eye 2—Psyche and Sight Loss

12th Afro-Asian Congress of Ophthalmology
The 12th Afro-Asian Congress of Ophthalmology (Official Congress for the Afro-Asian Council of Ophthalmology) will be held on 11—15 November 2000 in Guangzhou (Canton), China. The theme is “Advances of ophthalmology and the 21st Century.” Further details: Professor Lezheing Wu, Zhongshan Eye Center, SUMS, New Building, Room 919, 54 Xianle Nan Road, Guangzhou 510060, PR China (tel: +86-20-8760 2402; fax: +86-20-8777 3370; email: bwuic@gzsums.edu.cn).

Singapore National Eye Centre 10th Anniversary International Congress
The Singapore National Eye Centre 10th Anniversary International Congress will be held in conjunction with 3rd World Eye Surgeons Society International Meeting on 2—4 December 2000 at the Shangri-La Hotel, Singapore. Further details: The Organising Secretariat, 11 Third Hospital Avenue, Singapore 168751 (tel: (65) 2277255; fax: (65) 2277290; internet: www.snec.com.sg).

The Hong Kong Ophthalmological Symposium ’00
The Hong Kong Ophthalmological Symposium ’00 will be held 4—5 December 2000 in Hong Kong, China. Further information: Miss Vicki Wong, Room 802, 8/F Hong Kong Academy of Medicine, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong (tel: (852) 2761 9128; fax: (852) 2715 0089; email: cohk@netvigator.com).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series
A course entitled “Obstetrical Ultrasound” will be held in Marina del Rey, CA, on 12—14 January 2001. Further details: Stacey Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

Optometry Study Tour to Kenya, Tanzania, and Zanzibar
The tour offers a wonderful opportunity to optometrists and ophthalmologists to examine eye care in East Africa. It will take place from 28 January to 10 February. Further details: Master Travel, Croxted Mews, 288 Croxted Road, London SE24 9BY (tel: 020 678 5320; fax: 0208 674 2712; email: tours@mastertravel.co.uk).

Contributors please note:
Communications from all countries except the UK and Republic of Ireland should be sent to Professor C Hoyt, Editor, British Journal of Ophthalmology, University of California, Department of Ophthalmology, 10 Kirkham Street, K 301, San Francisco, CA 94143-0730, USA (tel: 001 415 502-6871; fax: 001 415 514-1512).

Manuscripts from the UK and the Republic of Ireland should be sent to Professor Andrew Dick, UK Editor, British Journal of Ophthalmology, Division of Ophthalmology, University of Bristol, Lower Maudlin Street, Bristol BS1 2LX (tel: +44 (0)117 929-4496; fax: +44 (0)117 929-4607).

www.bjophthalmol.com
Late onset lattice dystrophy

A A MEARZA

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