Wille found that when 20 to 30 drops of povidone-iodine solution (instead of one or two drops that we recommended) were placed in the conjunctival sac before surgery, there was no significant effect on corneal thickness or endothelial cell count when compared with a control.

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Horner's syndrome and Fuchs' heterochromic uveitis

EDITOR,—Several reports of Fuchs' heterochromic uveitis (FUU) accompanying both congenital and acquired Horner's syndrome can be found in the literature. However these reports are scarce and the association remains in question. A sympathetic aetiology for FUU is unproven, and to date no convincing evidence exists. We report a case in which FUU and Horner's syndrome co-exist.

A 69-year-old white man presented with blurred vision in the right eye of rapid onset over the past 4 months. He had no other ocular symptoms. Systemically he was well except for a history of hypertension and an episode of verteobasilar insufficiency 10 years ago. Sixteen years earlier he was noticed to have a partial ptosis with a smaller pupil on the right side, and diagnosed as having Horner's syndrome clinically which was then confirmed pharmacologically. On examination his visual acuity was right counting fingers, and left 6/5. On the right he had a 4 mm ptosis, diffuse stellatekeratic precipitates on the corneal endothelium, plus flare and plus cells in the anterior chamber, 2 mm miosis compared with the left, heterochromia iridis with istri stroma atrophy but no transillumination defects, no signs of uveitis, and the association remains in question. A sympathetic aetiology for FUU is unproven, and to date no convincing evidence exists. We report a case in which FUU and Horner's syndrome co-exist.

Keratoconus Self Help and Support Association

For some time keratoconus patients at Moorfields Eye Hospital have met as a self help and support group. On 10 March 1994 this was reconstituted as the Keratoconus Self Help and Support Association. Mr Roger Buckley, MA, FRCS, FRCPht, Director of Moorfields Contact Lens Department, accepted the Association's invitation to become its president. The Association aims to raise awareness of keratoconus, its effects, and management, both within the medical and optical professions and generally. Funds are to be raised for publication of a pamphlet for this purpose. While the condition does not lead to blindness, for some the deterioration is such that a corneal transplant is the only option. Even then a contact lens may still be needed. There will be active support for research, regular meetings, and other activities, including fundraising and a newsletter. Links are already being established with related societies and associations. Nor will the Association lose sight of its principal purpose, help and support for keratoconus sufferers. All keratoconus sufferers are welcome to join and associate membership is open to any interested non-sufferer. Further details: Mike Oliver (chairman), 39 Eversley Road, London SE7 7LF.

Office of Continuing Medical Education

A course entitled '1995 Update in the Management of Age-Related Macular Degeneration' will be held on 21 January 1995 at the Thomas B Turner Building, Johns Hopkins Medical Institutions, Baltimore, Maryland, USA, sponsored by The Wilmer Ophthalmological Institute of Johns Hopkins Medical Institutions. Further details: Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Medical Education, 720 Rutland Avenue, Turner 20, Baltimore, MD 21205-2195, USA. (Tel: (410) 955-2959; Fax: (410) 955-0807.)

Photonics West '95

The International Society for Optical Engineering (SPIE) will hold a conference entitled 'Photonics West '95' on 4–10 February 1995 at the San Jose Convention Center, San Jose, California, USA. This meeting, cosponsored by three established California meetings, OE/LASE, Biomedical Optics, and the IS&T/SPIE Symposium on Electronic Imaging Science and Technology. Further details: SPIE, PO Box 10, Bellingham, WA 98227-0010, USA. (Tel: 206/676-3290; Fax: 206/647-1445.)