NOTICES

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 consolidates 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.)

British College of Optometrists

The centenary conference of the British College of Optometrists will be held at Churchill College, Cambridge on 5–8 April 1995. Further details: BCO Conference Secretariat, Conference Contact, 42 Devonshire Road, Cambridge CB1 2BL. (Tel: 01223 323437; Fax: 01223 460396.)

1st International Conference on Ocular Aspects of Marfan's Disease

The first international conference on ocular aspects of Marfan's disease will be held at the University of Munster, Germany on 8 April 1995. Further details: H Gerding, H Busse, C Schroeter, Marfan Conference, Postfach 2322, 59013 Hamm, Germany. (Tel: 0049 2381–271746; Fax: 0049–2381–271743.)

United Kingdom Transplant Support Service Authority

There will be a 'Corneal Transplant Meeting' on 10 April 1995 to be held at the Postgraduate and Health Sciences Building, Central Manchester Trust. Further details: Julia Warren, UK Transplant Support Service Authority, Fox Den Road, Stoke Gifford, Bristol BS12 6RR. (Tel: 0117 9757555; Fax: 0117 9757577.)

Association for Research in Vision and Ophthalmology

The annual meeting of the Association for Research in Vision and Ophthalmology (ARVO) will be held on 14–19 May 1995 at the Fort Lauderdale/Broward County Convention Center, Fort Lauderdale, Florida, USA. Further details: Anne Meltzer, the ARVO Central Office, 9650 Rockville Pike, Bethesda, MD 20814–3998, USA. (Tel: (301) 571–1844; Fax: (301) 571–8311.)

4th International Symposium on Ocular Circulation and Neovascularisation

The 4th International Symposium on Ocular Circulation and neovascularisation – in memory of Professor Michaelson – will be held in Budapest, Hungary on 22–26 May 1995. Further details: Congress Bureau Motesz, Budapest, Hungary, PO Box 145, H-1443.

Vth International Symposium on Sjögren's Syndrome

The Vth International Symposium on Sjögren's syndrome will be held on 15–17 June 1995, in Noordwijkerhout, the Netherlands. Further details from: Conference secretariat: A A Kruize, Department of Rheumatology F02.223, University Hospital Utrecht, p/o Box 85500, 3508 GA, Utrecht, the Netherlands. (Tel: +31 30 507357; Fax: +31 30 523741.)

International Society for Clinical Electrophysiology of Vision

The 33rd ISCEV symposium will be held in Athens, Greece, 16–20 June 1995. The congress is organised by the International Society for Clinical Electrophysiology of Vision. Further details: Secretariat, Erasmus Conference Centre, International Congress Organisers, 227 Kifissias Ave, 145 61 Kifissia, Greece. (Tel: (01) 6125022/3, 8054004; Fax: (01) 6125021.)

Corrections

We regret that there was an error in the paper by R M Manners and J R O Collin that appeared in the November issue of the journal (1994; **78:** 881–2). Figures 1 and 2 were reversed but the captions were correct. Figure 2 showed a preoperative appearance of the patient and Figure 1 a postoperative picture.

The authors (Abiose *et al*) wish to make a correction to their blindness data presented in the paper that appeared in the January issue of the journal (1994; **78:** 8–13). Since the manual analysis of visual field data set, which resulted in their presentation of data on those blind by virtue of visual field constriction, they have now entered the Friedmann field data onto microcomputer. After data checking and a repeat analysis they have found 14 individuals who had been incorrectly classified as blind since they had seen one or more Friedmann test points at 10° or more in the better eye.

Although these corrections do not change substantially the pattern and prevalence figure, they do alter to an important degree the visual field constriction data. In view of the rarity of data on this topic the authors feel that it is important to correct their report. They originally reported 42 individuals to be blind by visual field constriction (a prevalence of 0·6%). The correct figure for blindness by visual field constriction is now 28 individuals (0·4%). Three of those previously classified as blind by visual field constriction are now classified as visually impaired by acuity criteria, and a further three are now classified as unilaterally blind. Eight individuals are now classified as sighted. The table below gives pinhole acuity and cause of ocular pathology for each eye in the 14 individuals concerned.

A revised version of the abstract published with the paper, corrected to take account of these changes, is given below. The authors apologise for this correction. Further details of their visual field findings will be published shortly.

Revised abstract

During a field trial of ivermectin, 6831 people age 5 years and above living in 34 mesoendemic onchocercal communities in Kaduna State, northern Nigeria, were examined for ocular disease. Visual function assessments included tests of visual acuity and visual fields. 185 individuals (2·7%) were bilaterally blind by acuity criteria with a further 28 blind by field constriction. The overall prevalence of blindness was 3·1%. A further 118 individuals were visually impaired by WHO criteria. Examination for the cause of blindness revealed that 43% of eyes in bilaterally blind patients were blind due to onchocerciasis. A further 11% were blind from optic atrophy much of which is probably onchocercal in origin. Glaucoma was the next most common cause of blind eyes in the bilaterally blind (11%). Only 6% of eyes were blind from cataract as the primary cause. In the visually impaired population cataract was the most common primary cause of impaired/blind eyes (31%), followed by onchocerciasis (19%).

Patient	*Acuity right*	*Pathology right*	*Acuity left*	*Pathology left*	*Comment*
1	6/36	Onchocerciasis	PL	Chronic inflammatory disease	Reclassify as visually impaired
2	6/36	Onchocerciasis	6/36	Onchocerciasis	Reclassify as visually impaired
3	6/36	Onchocerciasis	PL	Onchocerciasis	Reclassify as visually impaired
4	NPL	Trachoma	6/9	Optic atrophy	Reclassify as unilaterally blind
5	6/18	Onchocerciasis	PL	Onchocerciasis	Reclassify as unilaterally blind
6	6/9	Onchocerciasis	NPL	Onchocerciasis	Reclassify as unilaterally blind
7	6/60	Glaucoma	6/9	Glaucoma	Reclassify as sighted
8	6/18	Optic atrophy	6/18	Optic atrophy	Reclassify as sighted
9	6/36	Onchocerciasis	6/9	Onchocerciasis	Reclassify as sighted
10	6/9	Retinitis pigmentosa	6/18	Retinitis pigmentosa	Reclassify as sighted
11	6/9	Onchocerciasis	6/9	Onchocerciasis	Reclassify as sighted
12	6/9	Optic atrophy	6/9	Optic atrophy	Reclassify as sighted
13	6/9	Optic atrophy	6/9	Optic atrophy	Reclassify as sighted
14	6/9	Onchocerciasis	6/9	Onchocerciasis	Reclassify as sighted