Additional educational resources

Useful websites

Cochrane Eyes and Vision Group (www.cochraneeyes.org/reviews.asp)—lists systematic reviews related to cataract surgery as well as published protocols

Royal College of Ophthalmologists (www.rcophth.ac.uk/publications/guidelines/cataract_surgery.html)—cataract surgery guidelines

Department of Health action on cataracts (www.doh.gov.uk/cataracts/index.htm)—NHS policy and guidance on cataracts. Full pdf document downloadable from this site

European Cataract Outcome Study Group (www.eurocat.net)—produces data on the provision and outcome of cataract surgery in Europe

British Ophthalmic Anaesthesia Society (www.boas.org)—organisation of anaesthetists, ophthalmologists, and other clinicians, sharing education and information on anaesthetic management during ophthalmic surgery

Nurses Eye Site (www.nurseseyesite.nhs.uk/spec_area_cataract/index.asp)—orientated towards nursing staff specialising in ophthalmology, with information on the assessment and care of patients with cataract as well as details about surgery and audit

Information resources for patients

Moorfields Eye Hospital (www.moorfields.co.uk/EyeHealth/Cataracts)—patient information about cataracts and cataract surgery from the largest eye centre in the British Isles

National Eye Institute (www.nei.nih.gov/health/cataract/cataract_facts.htm)—an extensive site containing a large amount of information on cataracts and cataract surgery from one of the US federal government's National Institutes of Health

American Society of Cataract and Refractive Surgery (www.ascrs.org/eye/ptguide.html)—a guide for patients

Medem medical library (www.medem.com/medlb/articleslb.cfm?sub_cat=119)—contains a library on multiple eye disorders, including cataract

light. Some of these lenses may also allow the eye to focus for near and distance (accommodate), removing the need for glasses.

Conclusion

The treatment of cataracts has progressed enormously since the days when the "couchers" used to roam from town to town dislocating cataractous lenses with needles, and it continues to evolve in the 21st century with an increasing trend towards customisation to the individual patient's needs (fig 4). What is clear, however, is that the provision of cataract surgery customised to the individual patient relies on far more than just the skill of the surgeon removing the cataract. Customised cataract surgery needs a multidisciplinary approach at several levels. Industry has a vital role in the development of new technologies, as do health services in the provision of appropriate eye care to populations. At the level of the individual patient such surgery involves the close cooperation of several professional groups, including physicians, anaesthetists, surgeons, opticians, and nurses, sharing information to carefully plan, carry out, and assess the results of every procedure. The future for people with cataracts is bright.

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Corrections and clarifications

Lassa fever: epidemiology, clinical features, and social consequences

A combination of editorial changes and an author oversight led to an error in this Clinical Review article by J Kay Richmond and Deborah J Baglole (29 November, pp 1271-5). In table 2 ("Clinical stages of Lassa fever," p 1273) we should have stated that the table was adapted from reference 2, the Merlin document *"Licking" Lassa Fever*, not from reference 18, by McCarthy.

Screening in brief intervention trials targeting excessive drinkers in general practice: systematic review and meta-analysis

Some errors crept into this Primary Care paper by Anders Beich and colleagues (*BMJ* 2003;327: 536-42). In the results section we failed to spot a small inconsistency between the text and table 4. In the first paragraph (abridged and printed version; second paragraph in the full, web version) of the section "Intervention effect and assessment efforts," we said "NNTs [numbers needed to treat] of single studies ranged from 5 to 61," but the correct lower level of this range should be 6, as table 4 shows. Additionally, we inexplicably published a few wrong values in table 5 (full version). The screening effect in the study by Fleming (ref 42) is 3.7 [not 0.7], and the maximum number of drinks for women in the studies by Ockene and Fleming (ref 41) is 4 [not 3] and for men in the study by Anderson is 11 [not 5].