Surgery involves the close cooperation of several populations. At the level of the individual patient such services in the provision of appropriate eye care to the development of new technologies, as do health approach at several levels. Industry has a vital role in customised cataract surgery needs a multidisciplinary than just the skill of the surgeon removing the cataract. However, is that the provision of cataract surgery 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.

**Contributors:** MW did most of the background research, wrote the text and tables, referenced the paper, and created or sourced the figures. SS had the idea of writing the paper, helped to plan the content, and did much of the editing. RJS provided most of the information on the new developments in cataract surgery, helped to plan the preoperative assessment section, and edited the final paper. MW and SS accept full responsibility for the content of the paper and controlled the decision to publish.

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**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 on cataracts (www.doh.gov.uk/ncats/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 OphthalmicAnaesthesia 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 nurses 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 containing a large amount of information on cataracts and cataract surgery from one of the US federal government’s National Institutes of Health
- Medem medical library (www.medem.com/medlib/ articles?fm=_sub_cat = 119)—contains a library on multiple eye disorders, including cataract

**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].