interventions available but they demonstrate tremendous cost benefit/cost utility when compared to other well-accepted health interventions.

It is vital that the economic case supporting the Global Initiative is widely disseminated to maximise resource mobilisation and ensure that blindness prevention programmes receive the priority they deserve in international health programmes.

References
6 Levine H M et al. Micronutrient deficiency disorders. In: Disease control priorities in developing countries, see 4 above, chapter 19.

The Global Initiative

THE ROYAL COLLEGE OF OPHTHALMOLOGISTS
DIPLOMA IN OPHTHALMOLOGY EXAMINATION

The Royal College of Ophthalmologists has introduced an examination leading to the award of the Diploma in Ophthalmology (DRCOphth). The examination will be held twice a year, in June and November.

This Diploma is aimed at those not wishing to pursue a career as a consultant ophthalmologist in the United Kingdom. It should, therefore, be of interest to all doctors with an interest in ophthalmology working outside the European Union.

Details are available from the Examinations Office, The Royal College of Ophthalmologists, 17 Cornwall Terrace, London NW1 4QW.

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Purpose: The purpose of the study was to determine the prevalence of glaucoma in Melbourne, Australia.

Methods: All subjects were participants in the Melbourne Visual Impairment Project (Melbourne VIP), a population-based prevalence study of eye disease that included residential and nursing home populations. Each participant underwent a standardised eye examination, which included a Humphrey visual field test, tonometry, fundus examination including fundal photographs, and a medical history interview. Glaucoma status was determined by a masked assessment and consensus adjudication of visual fields, optic disc photographs, intraocular pressure and glaucoma history.

Results: A total of 3271 persons (83% response rate) participated in the residential Melbourne VIP. The overall prevalence rate of definite primary open-angle glaucoma in the residential population was 1.7% (95% confidence limits = 1.21, 2.21). Of these, 50% had not been diagnosed previously. Only two persons (0.1%) had primary angle-closure glaucoma and six persons (0.2%) had secondary glaucoma. The prevalence of glaucoma increased steadily with age from 0.1% at ages 40 to 49 years to 9.7% in persons aged 80 to 89 years. There was no relationship with gender. The authors examined 403 (90.2% response rate) nursing home residents. The age standardised rate for this component was 2.36% (95% confidence limits = 0, 4.88).

Conclusions: The rate of glaucoma in Melbourne rises significantly with age. With only half of patients being diagnosed, glaucoma is a major eye health problem and will become increasingly important as the population ages.

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