

Apart from the civil war, there are other hindrances to ophthalmic development in Afghanistan. Following the communist practice, the government pays every member of staff the same amount of salary (US\$3-4 per month). There is little incentive for them to work hard. All doctors have to work in a government hospital in the mornings, and then they work in their private clinics in the afternoons to make a living. Within the government, there is little concern to meet the medical needs of the country.

Some ophthalmologists feel threatened when other surgeons are learning new techniques and they are left behind to do more basic work. They are afraid of losing their business and try hard to hinder development of new clinics. Some of the better surgeons left the country after the Taliban came to power, which was a big loss.

When people ask me whether I think it was worth spending those years there, my answer is affirmative. The skills that I

have passed on have already helped many patients who could not have been treated before. The doctors have also learned to teach each other and to learn together instead of keeping their knowledge to themselves. I hope this spirit will continue in the NOOR Eye Project.

### Panoramic view

With the advancements in global communication and ease of travel, one should not remain inward looking. At most of the large international ophthalmic conferences, there are sections on programs for prevention of blindness worldwide and outreach programs for the under-served. Chinese professionals own vast resources of knowledge and wealth, but we are far behind in participating in relief and development work for needy people of different races. It can only be beneficial for ophthalmologists to work together and learn from each other, and fight for better eye care throughout the world in more effective ways.

### References

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# HKJO Quiz



## A child with unilateral visual impairment

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### Question

A 7-year-old boy presenting with convergent squint was found to have impaired vision in the left eye (Table 1). He had no family history of eye disease and his past health was normal. The birth history was unremarkable except that he was delivered by forceps.

**Table 1. Ocular examination revealed decreased vision in the left eye.**

	Visual acuity	Trial lens	Best corrected visual acuity
OD	6/18	-150	6/6
OS	0.5/60	-550 -700 x 180	1/60

*Abbreviations: OD = right eye; OS = left eye*

His eyes were straight and no squint was demonstrated. Fundal examination was normal. Examination of the left cornea showed interesting features and the slit lamp photo is shown in Figure 1.



Figure 1. Slit lamp photograph of the cornea of a child with impaired vision in the left eye.

### What is the diagnosis?

(Answer and discussion on page 40)