and in Singapore⁴ 7.5% had severe vision loss, most commonly from cataract and glaucoma.

The current CVI registration form contains only 'chorioretinitis (unspecified), H30.9' as a specific uveitis category. However, a recent large study from this tertiary centre⁵ permits only 671 of 3000 uveitis patients (21%) to be so labelled if severely affected. Uveitis causes visual loss from direct inflammation, but also substantially from macular oedema, epiretinal membrane, cataract, glaucoma, choroidal neovascular membrane and retinal detachment. One might suspect that in addition to the 0.43% of patients with chorioretinitis recorded by the authors, many of the patients with uveitis in this study are 'hiding in plain sight' within 'secondary glaucoma', 'cataract', 'other retinal disorders' and so on. At a time when great advances in the control of uveitis by immunosuppression and biologic therapy are being thwarted by funding restrictions, it would mean a disservice to affected patients if their disease cannot be adequately represented in vision impairment statistics. For those attempting to record accurately and to raise the profile of uveitis in the registration process, the most useful codes for the few open-field boxes on the CVI form include the following:

H20.1 Chronic iridocyclitis

H26.2 Complicated cataract (includes chronic iridocyclitis)

H30.1 Disseminated chorioretinal inflammation

H31.0 Chorioretinal scars (there is no ICD10 code for macular oedema or epiretinal membrane)

H35.0 Includes retinal vasculitis

H40.4 Glaucoma secondary to eye inflammation

H44.4 Hypotony of eye

Conflict of interest

The author declares no conflict of interest.

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Eye (2016) **30**, 1521–1522; doi:10.1038/eye.2016.119; published online 17 June 2016

Sir, Uveitis certifications

We thank Mr Jones¹ for his interest in our paper reporting on the leading causes of certifiable vision impairment in England and Wales in the year ending 31 March 2013.² The cause of certifiable loss is determined by the examining consultant ophthalmologist and there is a field on the form for recording any diagnosis not presented in the picking list. It is a challenge to present this rich data source within a single report, and since this is an analysis on all ages clearly conditions that affect younger groups are likely not to feature. In answer to the question raised, we can report that there were 24 certifications with a main cause of visual loss being uveitis. We would point out, however, that this is the number of certifications rather than the numbers visually impaired—for an accurate estimate of incidence, clearly an epidemiological research study would be advised. The CVI data might, however, well serve as a useful guide for development of such valuable research.

Conflict of interest

The authors declare no conflict of interest.

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Eye (2016) **30**, 1522; doi:10.1038/eye.2016.121; published online 17 June 2016

Sir,

Surgery for sight: outcomes of congenital and developmental cataracts operated in Durban, South Africa

We read with interest the recent paper by Gogate *et al*¹ studying the visual outcomes of congenital and developmental cataract surgery, and determining the