Author’s response to reviews

Title: Longitudinal study on visual outcome and spectacle use after intracapsular cataract extraction in Northern India

Authors:

Sanjeev Gupta (namrata@hotmail.com)
GVS Murthy (namrata@hotmail.com)
Namrata Sharma (namrata@hotmail.com)

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PDF covering letter
The Editor  
BMC Ophthalmology  
Sir  
Please find enclosed the revised manuscript titled ‘longitudinal study on visual outcome and spectacle use after intracapsular cataract extraction in northern India’, as well as our response to the reviewers’ comments. If there are any other clarifications, please let me know.  
Thanking You  
Yours Sincerely  
Namrata Sharma, MD  

Reviewer #1  
1. The selection of the patients has been clarified. The patients had been randomly selected from a cohort which was spread over 10 villages in District Faridabad of Haryana State and urban slums of Delhi. These patients had undergone intracapsular cataract extraction over the previous four years in the rural areas and urban slums. Their standard aphakic spectacles had been replaced by the best-corrected aphakic spectacles one-year ago. Patients who had a best-corrected visual acuity of 6/60 were only included [Page no. 4, last para].  
2. We agree with the reviewer that the eleven patients who were out-of-station may have a better vision and more mobility and this source of bias has been mentioned in the discussion [Page no.13, last para, lines 3-5].  
3. As suggested by the reviewer, the fact that the patients using the other spectacles may have done so as they were not optimally satisfied with their provided spectacles and this has been highlighted in the text [Page no.12, para 2, lines 7-9].  
4. The confidence limits are given for the main estimates in the ‘Totals’ column of Tables 3 and 4 as suggested by the reviewer [Page no. 18 and 19].  
5. We regret the inadvertent omission of the words in the ‘Conclusion’ of the ‘Abstract’, which has now been re-worded [Page no. 3, last two lines].  

Reviewer #2  
1. The selection criteria of the patients has been clarified [Page no.4, last para].  
2. We agree with the reviewer that the poor vision may be due to complications during the surgery, but the assessment of the same outside the scope of the study [Page no.13, last para, lines1-3].  
3. The participants may have exaggerated their satisfaction to please the doctor and this may introduce a bias. The same has been included in the revised manuscript [Page no. 13, last para, last 3 lines].  
4. Apart from table 1, which has analyzed the visual acuity of the eyes, all the other tables refer to the patients.  
5. The term ‘very few studies’ has been omitted, as suggested by the reviewer.  
6. The word ‘ample evidence’ as suggested by the reviewer has been omitted.  
7. The fact that it was a historical comparison and some bias may have occurred due to the same has been has been incorporated in the revised manuscript ([Page no.13, last line and page 14 first two lines]).
8. None of the patients had an ECCE with an opacifying capsule as the examination was carried out by an ophthalmologist in each case.