Generally speaking!

In the past, the Indian Journal of Ophthalmology (IJO) has had special issues on varied topics such as recent advances in neuro-ophthalmology, keratoconus and retinal imaging.^[1-3] As specialized as ophthalmic practice has become, it is not uncommon to see sub-specialities in ophthalmology having "super-super-specialists!" However, it is the general ophthalmologist who is often the first person a patient with an eye ailment visits. It is this general ophthalmologist who screens, diagnoses, treats also decides the need for specialized care and if required refers the patient to his or her specialist colleagues. The general ophthalmologist sees it all: from refractive errors to cataracts; from patients who want cosmetic eyelid surgeries to the occasional acute angle closure; from diabetic retinas to the conscientious "normal" patient walking in for just a routine checkup. It is exactly this kind of a pot-pourri of ophthalmology that this issue of the IJO is: packed with informative and impactful papers on various topics in ophthalmology such as corneal blindness, choroidal metastases, optical coherence tomography, strabismus surgery and glaucoma.

"Changing the pattern of utilization of human donor cornea in India" by Gogia *et al.* highlights two heartening facts: first that the overall rate of utilization of corneas has increased over time. Second, the proportion of lamellar corneal surgeries has also increased. This is promising since a single donor cornea being used for a lamellar procedure could benefit two different patients with different indications. While the trends are encouraging, the wide chasm between the annual demand of corneas, which is estimated to be 300,000 and the available tissue, approximately 15,000 shows the need to increase the awareness with regard to eye donation, not just among the general public but also medical practitioners of other specialties.

Shanmugham *et al.* in their paper "Sutureless scleral buckle in the management of rhegmatogenous retinal detachment" report that sutureless scleral buckling is easy to adapt to and achieves acceptable anatomical and functional success.

The need for collaboration between ophthalmologists and our colleagues from other department is well-emphasized in their paper "Ophthalmic manifestations of acute and chronic leukemias presenting to a tertiary care center in India." Co-authored by specialists from the departments of ophthalmology and the haemato-oncology and bone marrow transplant; it is a perfect example of the relevance of ophthalmologists in the diagnosis and management of systemic disorders. I am sure our readers find this issue of IJO engrossing and informative.

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