## **Editorial**

We are pleased to present this second volume of the *Journal of Ocular Diseases and Therapeutics*, in keeping with the purposes of the Journal, i.e., to foster a clearer understanding of the visual system, generate better diagnostic equipment, develop more effective cures, and to provide guided practical experience in the therapeutic management of ocular disease. The present issue includes two excellent papers.

In the first contribution, the authors document steroid-induced open angle glaucoma secondary to endogenous steroid production due to Cushing's Syndrome. Initially the intraocular pressures were between 26-27 mmHg OU, the cup to disc ratios were 0.8 OU, and visual field testing documented bilateral arcuate scotomas. There was an extremely high serum cortisol level of 50µg/dl (normal = 5-15). Within two weeks of topical anti-glaucoma therapy, the pressures decreased to 18 mmHg OU. Later, glaucoma surgery controlled the intraocular pressures to between 12-16 mmHg OU, with stabilization of the visual fields and optic nerve heads. This important paper demonstrates that timely intervention in patients with Cushing's Syndrome can prevent glaucoma-associated visual loss.

In the second contribution, an easy technique of small incision cataract surgery is described, which eliminates several steps including a superior rectus bridal suture, conjunctival flap, and cautery. This technique would be ideal with the use of topical anesthesia. This simple surgical procedure is easily modifiable, require minimal instrumentation, can be performed quickly (reducing overall surgical time to just 9-12 minutes), and can be performed at very low cost and with excellent visual outcomes.

We wish to thank the authors for their contributions and we hope that the readers will find the topics of interest and useful to broaden scientific knowledge and improve the daily practice of ophthalmology.

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