I have just returned from the 7th Hong Kong Ophthalmological Symposium. This meeting was a big success with over 800 delegates, including the younger generation of Ophthalmic Surgeons from mainland China, who have a relatively good understanding of English. There was a lot of interest particularly in the live surgery session, which included a contribution from two mainland Chinese surgeons.

Following the symposium, I had the opportunity to visit the Department of Ophthalmology and Visual Sciences, of the Hong Kong Chinese University, under the chairmanship of Dennis Lam. In addition to a large quantity of clinical research, this department is involved in a lot of genetic and basic science research, as well as supporting “Project Vision” to “supply high-quality affordable eye surgery to restore vision for the poor and needy in China”. During my visit, I taught viscosocanalostomy/canuloplasty and performed surgery on patients in Hong Kong. The first time this surgery has been carried out in Hong Kong/China.

After this, I travelled with a group from the EuroAsian Ophthalmology Club to Lhasa in Tibet. Lhasa, the capital city, with a population of 300,000, is the lowest part of Tibet and is situated at 3650 metres above sea level. Ideally, we would have taken a few days to reach this altitude, but because of pressing work commitments, we had to fly direct to Lhasa from Guangzhou, which is at sea level. We all took prophylactic Acetazolamide for at least 24 hours (two members of the group required it for the whole three days’ stay). Despite this, we all suffered some minor effects of altitude sickness, with breathlessness, headache, lassitude and fatigue. The trip, however, was fascinating and certainly memorable.

Tibet combines a traditional Buddhist community with the rapid modernisation of China. A modern rail link, connecting it with mainland China, has been open since 2006 and there is a new road tunnel connecting the modern airport to the infrastructure of China. A modern rail link, connecting it with mainland China, has been established. The Potala Palace rises a further 170 metres and involved walking up 326 steps, which we had to do quite slowly! It is the largest monumental structure in Tibet and has developed from the original palace built in 637 A.D. After this we visited the Dalai Lama’s summer residence the NorbuLingKa Palace, which is surrounded by shady arboreal gardens, and is much cooler in summer.

Also memorable was the working Sera Monastery. This Buddhist Monastery, which originally housed 7000 monks, has now dwindled to 700 monks and survives on income from pilgrims and tourists. We met one young monk, operating a hand printing press, on which he prints 1000 sheets a day, while listening to Chinese pop music on his MP3 player (at a salary of 1.70 euros a day).

July is a good time to visit Tibet; although usually the rainy season, we were blessed with high temperatures and clear, blue skies. During the day the temperature rose to 30°C and at night was a comfortable 16°C. The ultraviolet at this altitude is fierce and wearing hats and copious sun block was essential.

The 2008 World Ophthalmology Congress will be held in Hong Kong from June 28 until July 2 2008, in conjunction with the Asia-Pacific Academy of Ophthalmology and the Chinese Ophthalmological Society. For any of you who have not visited Hong Kong, or China, this would be a marvellous opportunity and I would certainly recommend it to you. In the meantime I wish you a most enjoyable summer and look forward to seeing you all at our annual meeting in Stockholm, in September.