The report contains an examination on the questionnaire sent out on the statistics of blindness, its geographical distribution and a general survey of the information received with regard to its chief causes.

The replies from 35 different countries have emanated from Government reports and they were completed by data supplied by the International Labour Office of the League of Nations.

The prevention of blindness is very largely a social and economic problem which should be guided by oculists. There is a large field of work not of a scientific character in the education of workmen as to the value of precautions advised in order to prevent eye hazards. Also hereditary and familial ocular disease will have to be tackled on eugenic principles and the parents of affected children advised about the danger of having other children.

In England the National Society for the Prevention of Blindness has collaborated with the Ministry of Health in organizing the registration of the blind and the causes of blindness.

It seems that in temperate countries such as Great Britain, France, Germany and the greater part of the United States of America the cause of blindness from infectious disease is diminishing but industrial eye injuries and refractive errors are increasing. In tropical countries severe endemic diseases such as infective conjunctivitis, small-pox, gonorrhoea, syphilis, trachoma and nutritional disorders such as xerophthalmia and the results of quackery are a very serious and urgent problem.

Statistics of the number of blind per 100,000 of the population varies from 776 in Egypt to 32 in New Zealand.

Dr. A. Churchill who has compiled this volume and the Executive Committee of the International Association for the Prevention of Blindness have shown admirably their practical knowledge of this subject. This important report contains much that is of interest to Ophthalmic Surgeons, Medical Officers of Health, Ministry of Health officials and Social Workers.

CORRESPONDENCE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—In your notes on Optical Instruments and Devices in the July number, Mr. J. Foster describes a Trial Frame Level. Messrs. Hamblin, at my suggestion and from my design, made one for me in December, 1930. I showed this at a subsequent meeting

of the North of England Ophthalmological Society and I have had it in constant use since that time.

Yours truly,

A. MCKIE REID.

86, RODNEY STREET, LIVERPOOL.

August 6, 1938.

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—My attention was drawn to the modified Lacrymal Sac Retractor, published in June issue, p. 361, by Mr. H. B. Stallard.

It has been mentioned therein that original retractor was by Dr. Briggs, which is incorrect.

The illustrated Lacrymal Sac Retractor there, was first made for me in 1931, by Messrs. J. Weiss, and first published in *Brit. Jl. of Ophthal.* by me in January, 1933. It was also exhibited at the Oxford Ophthalmological Congress by Messrs. J. Weiss & Son, and also advertised by them in your Journal as Patel's Lacrymal Sac Retractor, subsequently.

You may verify the above, by referring the 1933 volume.

Yours sincerely,

V. P. PATEL.

14, BENTINCK STREET, CALCUTTA.

August 17, 1938.

[The illustration of Dr. Patel's retractor in the *Brit. Jl. of Ophthal.*, 1933, p. 39, shows that the blades each carrying three teeth are straight. In the retractor designed by Briggs the blades are curved in two planes, laterally and antero-posteriorly. The lateral curve is made to correspond with the curve of the incision or dacryocystorhinostomy and the antero-posterior curve is made or adaptation of the retractor to the hollow over the inner and