time we shall not be surprised, if in a few year's time, very few hand milkers will be left in this country. Handicraft is being superseded by mechanism; in our own opinion to the great loss of the amenities of village life. Few youngsters are taught nowadays to use a scythe and the same will soon be true of thatching. In the farm yard a Dutch barn solves this question and they were being used when we were a boy. But, with prefabricated houses, the old-fashioned thatched cottage will not last much longer.

The High Church parson who advertised in a local paper for "a communicant who can milk" could not have envisaged the time when it would be impossible to obtain the services of a milk-maid, whether a communicant or not. It seems worth while to rescue the milking-side eye from oblivion before it is too late.

**CORRESPONDENCE**

**COLOUR VISION IN THE CONSULTING ROOM**

_To the Editors of The British Journal of Ophthalmology._

_Dear Sirs,—_It is not easy to understand why Dr. Grieve still wishes to compare the percentage of colour defectives in my series of cases with the average found in the whole male sex. If the figures had been nearer to one another it would have pointed to a serious defect for, as I have stated, my cases were not chosen at random and some groups had been combed for defectives before coming to me. To criticise the low figure after my explanation is quite illogical.

I attempted to follow precisely the printed instructions when using the Ishihara plates, the Pseudo-Isochromatic plates, the Giles-Archer Colour Perception Unit, and the Edridge-Green Lantern, for details of which Dr. Grieve can peruse the relevant booklets. I have described the method of using my own lantern.

Dr. Grieve knows that for some years many of us were unable to avail ourselves of laboratory facilities, and investigations had to be carried out under adverse conditions. He must realise that it was quite impossible to have laboratory-calibrated scientific instruments built to special design, and improvisations had to be used. Now that these obstacles are removed the findings can be investigated in the laboratory, but 40,000 cases cannot be examined "when seated in an arm-chair by the fire"; conclusions drawn from small numbers of cases are inconclusive.
He is right when he states “the efficient testing of colour vision is no easy task.” When I found some men who had been considered “normal,” “safe,” and “unsafe” by different specialists, I realised this, and conducted the investigation in an attempt to find improvements in the efficiency of the methods of testing, and in the apparatus used.

Yours sincerely,

FRANK R. NEUBERT.

HAUTERIVE,
THE QUEEN’S ROAD,
GUERNSEY.
October 10, 1947.

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OBITUARY

G. W. THOMPSON

GEORGE WILLIAM THOMPSON died recently at the age of 82 years in Argentina. His medical education was obtained at Edinburgh University where he qualified in 1890. He became a Fellow of the Royal College of Surgeons of England in 1901.

When I knew him between 1900 and 1903 he was Chief Clinical Assistant to William Lang at Moorfields, and a very pleasant and unassuming fellow he was. He was Lang’s Chief Clinical Assistant from 1898 to 1905.

His appointments included those of Surgeon to the Western Ophthalmic Hospital, and Ophthalmic Surgeon to the French Hospital and to the Maida Vale Hospital for Nervous Diseases. He was a Member of the Ophthalmological Society, U.K., from 1905 to 1930.

He retired from practice some years ago. His address in the current number of the Medical Register is given as 11, Upper Wimpole Street. He paid me a friendly visit eight or nine years ago when I understood that he had interests in Argentina. I regret his loss.

A. F. MACCALLAN.