THE following notes have been received from the contributor :

To the Editorial Committee of

THE BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs—The diagnosis of convergence deficiency was made by determining :

- (1) The near point by means of the Livingston binocular gauge.
- (2) The convergence at the reading distance on the synoptophore, adding base out prism to the blur point and then to diplopia. Recovery point was also noted.

Although the near point of convergence should be measured in every case, from the point of view of causation of symptoms more reliance should be placed on the findings at the reading distance. The existence of a group of asymptomatic convergence deficient has been noted before.

A. MELICK, M.D.

26 SANDYFORD PLACE,
GLASGOW, C.3, SCOTLAND.
June 19, 1950.

TRIAL LENSES

To the Editorial Committee of

THE BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs—The present commercially available types of trial lenses are, in my opinion, undesirable in one respect. The opaque rim of the small-aperture lens precludes observation of the patient's eye during refraction; in particular it prevents the surgeon from seeing whether the patient is "screwing the eye up".

Before the war one firm made large-aperture lenses with plastic rims, and these were, in my opinion, very satisfactory. It is no longer possible to obtain these, and manufacturers whom I have approached say that they will not be made again unless there is a sufficient demand by ophthalmologists. Either a large-aperture lens in any rim, or a small-aperture lens in a transparent rim, would meet the need; for other reasons the latter type is the better. It is possible to have a special set made, at a price, but quantity production is needed, and this can only be obtained if support is forthcoming.

I note also that in new trial cases the lens-racks carry the lenses so close together that their removal is difficult for the average finger and thumb. This is an unnecessary obstacle.

I have brought this to your notice in the hope of support from other ophthalmologists, and I shall be glad to hear from any who are interested.

Yours faithfully,

NIGEL CRIDLAND.

25 CRANESWATER PARK,

SOUTHSEA, HANTS.

November 7, 1950.

To the Editorial Committee of

THE BRITISH JOURNAL OF OPHTHALMOLOGY

DEAR SIRs—I read Mr. Cridland's letter with interest and would add one advantage of the large-aperture lenses, which is that with them one can test children on the amblyoscope, whereas with the small-aperture lenses and a squint of more than a few degrees, the squinting eye is apt to be obscured by the rim.

On the other hand, there is no doubt that for handling and general convenience the small-aperture lens with the wide rim is better, and speaking personally, I would prefer it to the large one for these reasons.

When I first obtained a set of small-aperture lenses I too found that the lenses seemed to be too close together. I am never conscious of this now, and assume that it is just a matter of practice to accustom oneself to picking them out.

Yours faithfully,

F. A. WILLIAMSON-NOBLE.

27 HARLEY STREET,

LONDON, W.1.

November 15, 1950.