

information as to the occurrence of ocular complications in hyperemesis gravidarum from other obstetrical institutions.

The Rotunda Hospital has during the last six years been responsible for 28,830 deliveries but I have not been called upon to investigate a single case of hyperemesis gravidarum. It is very probable that as Professor Ballantyne suggests, a slight loss of vision passes unnoticed in the presence of severe vomiting, but as it has been my routine to carry out an ophthalmoscopic examination on every patient complaining of loss of vision, I think the condition must be rare. As further evidence of the rarity of the condition, the present Master of the Rotunda Hospital—Dr. Ninian Falkiner—tells me that in 15 years obstetrical practice he has never encountered a loss of vision in association with this condition.

Yours faithfully,

L. B. SOMERVILLE-LARGE.

17, FITZWILLIAM PLACE,
DUBLIN
October, 22, 1941.

CACOETHES SCRIBENDI

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—Sir Stewart Duke-Elder has crushed your annotation which appeared on pages 496 and 497. This is a pity, for the article was evidently written in lighter vein than most of your contributions. Through its very severity the letter from Sir Stewart may in some produce a smile, and indeed the subject recalls certain articles which have appeared recently in your contemporary "Punch" over the initials "A.P.H."

One is glad to hear, however, that the Army has gone one better than Moorfields and that the soldier now departs after his examination wearing his new spectacles.

Whilst the medical department of the War Office is to be congratulated on this change, it is not a change *de novo*, for a similar arrangement was in force in France in 1916 to 1918 with the B.E.F. and due credit should be allowed to Sir William Lister and those in authority over the ophthalmic services of the Army at that period.

I am, etc.,

FRANK JULER,
Colonel L/R.A.M.C.

96, HARLEY STREET, W.1
November 10, 1941.