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5 eyes. These figures show that 24 children would have the same chance educationally as the normal child; 25 more could study in the same classes as normal children, but would be handicapped in choosing an occupation; 20, or possibly 26, could be educated in defective eyesight classes, or, failing that, would have to be referred to institutions for the blind, as would the remaining 5.

The relation of interstitial keratitis to tuberculosis has never been definitely settled, and the views of authors differ markedly with regard to the point. Derby, after quoting some of these views, evidently thinks that while most cases are due to syphilis, some are due to tubercle or to other causes.

In respect of recurrences, Derby found positive evidence of recurrence in 14 of 37 cases, and in 3 more he thought that recurrence was probable.

Finally, Derby mentions a couple of cases where the treatment of hereditary syphilis in early life did not prevent the development of specific affections of the eye later. At the same time he expresses a strong conviction that such discouraging cases should not deter us from the energetic treatment of affected children. He closes with the following quotation from Igersheimer: "In the interest of the later career of patients with interstitial keratitis it is important to administer antisyphilitic treatment with the greatest energy, not only during the course of the ocular disease, but afterwards from time to time as long as the Wassermann reaction is positive." S. S.

CORRESPONDENCE

OPHTHALMIA NEONATORUM

To the Editor, THE BRITISH JOURNAL OF OPHTHALMOLOGY.

Dear Sir,

In the current issue of the Journal there is a note on the establishment of a hospital for infants afflicted with ophthalmia neonatorum and their mothers by the Metropolitan Asylums Board; and ascribing the impetus that secured this new provision to the Report of the Departmental Committee on the Welfare of the Blind. So far as my information goes this is scarcely correct; rather the British Medical Association should have been credited with the successful action.

In June, 1917, the Council of the Metropolitan Branch of the Association appointed a deputation (Mrs. Scharlieb, Messrs. Treacher
Collins, Brewerton, and myself) to press upon the authorities the need for better provision in London for the treatment of these cases. The deputation was favourably received by the Metropolitan Asylums Board and the London County Council. The Local Government Board wrote that circumstances were not convenient for the reception of a deputation, but that the officials would be pleased if I would come to answer certain questions. I was informed that the Metropolitan Asylums Board was anxious to be allowed to undertake the work, but that there was a difficulty, owing to the terms of the Act of Parliament controlling the activities of that Board.

That the British Medical Association should have been the effective agent in securing this new provision for London, is in keeping with earlier action of the Association through its Special Committee, with which you, Mr. Editor, were so largely concerned.

I am, yours faithfully,

N. BISHOP HARMAN.

HARLEY STREET, W. 1,
November 16, 1918.

ATROPIN IN CATARACT EXTRACTION

To the Editor of The British Journal of Ophthalmology

SIR,—À propos of Mr. Fisher's suggestion to instil atropin with the cocaine just before making the incision in cataract extraction, more than twenty years ago, I, for a time, instilled a drop of atropin solution immediately after the operation, before bandaging, but abandoned the practice because of the frequency with which the pillars of the iris became entangled in the ends of the incision. I always do the combined operation. I never use atropin before the operation, fearing some dilatation of the pupil, and consequent difficulty of getting a neat coloboma, but wait till the wound is sealed before instilling atropin.

Yours, etc.,

F. ANTILL POCKLEY, M.D.

227, MACQUARIE ST.,
SYDNEY, N.S.W.,
August 13, 1918.

[Although this correspondence was closed some time ago we think it fair to print Dr. Pockley's letter, having regard to the fact that it has travelled from Australia. At the same time it scarcely touches Mr. Fisher's suggestion.—Ed.]