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 cocain 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.]