Comparing the distribution of Maddox rod measurements with that in a series (which I hope to publish soon) of 1269 cases, certain features are apparent. Lewis' distribution is appreciably cramped at the greater levels of exophoria and esophoria. The mean is slightly more esophoric than in my series (+0.895 compared with +0.508). Using the Chi-squared test to compare distributions, the chance of obtaining Lewis' distribution from a population represented by my own series is less than one in ten thousand. This suggests that the Maddox rod measurements in Lewis' paper are not sufficiently reliable for conclusions to be drawn as to the relation between the Maddox rod and the synoptophore findings.

I venture to suggest that the failure to check the zero on the synoptophore is a matter of some significance in view of the conclusions drawn, since I do not think that there is, on the face of it, reason to suppose that the synoptophore and the Maddox rod measure different qualities of heterophoria.

I would also offer the following suggestion for the discrepancy between the findings of method A and method B with the synoptophore (and therefore for the bifurcation of the hump in the distribution curve:—

Intelligent anticipation would inevitably result in coincidence of the images being signified before true coincidence had taken place. With the slides used such anticipation could well be subconscious.

It is, I think, a fairly well established rule that the more simple the instrument, the less extraneous factors are introduced into a measurement, and thus the more likely is it that the measurement is truly that of the function being measured. The synoptophore is an instrument of recent development in comparison with the Maddox rod, and I have shown earlier (Cridland, 1940) that results with the Maddox rod can be made reliable by attention to details.

Lewis' investigation is a valuable contribution to synoptophore work, and my criticism seeks only to prevent too great reliance being placed upon the conclusions as to correlation between different instruments.

Yours faithfully,

NIGEL CRIDLAND.

SOUTHSEA, HANTS.

January 7, 1947.

MYOPIA AND PSEUDO-MYOPIA

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—In the article "Myopia and Pseudo-Myopia" by J. P. Spencer Walker which appeared in the December issue of the Journal he mentioned the case of a boy, aged 13½ years, who had

been rejected for Dartmouth owing to "myopia and myopic astigmatism." He found that the refraction under atropine was R. and L. +0.25 D.Sph. $\bar{c}$ +0.25 D.cyl. vertical. He does not state whether or not as a result of his findings the boy was subsequently accepted for Dartmouth.

It would appear to me that it would not be in the boy's interest to be accepted, because it is probable that when he reaches the age to graduate from the college he would have become myopic, and might, therefore, be rejected at this late stage of his career. I would refer Mr. Spencer Walker, and anybody else who is interested in the subject, to an article in the American Archives of Ophthalmology of April, 1941, on "The Development and Prevention of Myopia at the United States Naval Academy" by Reginald Hayden, M.D. His researches would indicate that it is unwise for any boy to enter a naval academy who has not got at least a reserve of 0.5 D. of hypermetropia when refracted under a cycloplegic, and that visually such a candidate stands no better than an even chance of obtaining a commission in the line of the navy on graduation.

Yours faithfully,

F. S. LAVERY.

45, FITZWILLIAM SQUARE,

DUBLIN.

December 18, 1946.

OBITUARY

SIR RICHARD CRUISE, G.C.V.O.

SIR RICHARD CRUISE, G.C.V.O., joined the Staff of the Royal Westminster Ophthalmic Hospital, in 1909, the Committee of Management in 1923 and was appointed Consulting Surgeon in 1936. From 1918 to 1936, he was Surgeon in Ordinary to their Majesties King George V and Queen Mary and remained Queen Mary's oculist to the time of his death.

In 1934, he founded the Cruise Open Scholarship, of one hundred pounds per year, with a capital of £2000, which he had given and collected from his patients, to encourage research in Ophthalmology, at the Royal Westminster Ophthalmic Hospital. So far there have been three holders. Papers on the work done have been published in the *British Journal of Ophthalmology* from time to time.

Sir Richard was a first class operator especially interested in cataract extraction and glaucoma. For the former, he used the simplest possible technique but every detail even of "stance" was considered and perfected over years of practice. He used to teach