

In some of the eyes examined Straub found atrophy of the lens and of the iris and ciliary pigment cells.

Straub believes that in cases of heterochromia iridis with cataract (Fuchs) the atrophy of the iris is secondary to the disease of the lens; the exudation cells take pigment from the iris with them, as we can see in the deposits on Descemet's membrane.

We have said enough to show that Straub's book deals with highly-interesting problems. It includes fifty-six splendid microphotographs.

J. VAN DER HOEVE.

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## CORRESPONDENCE

### OPHTHALMIC PHYSICIANS

*To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY.*

DEAR SIR,—In your annotation on my paper, the main object of the paper seems to have been lost sight of.

My paper is entitled, "The Need of Ophthalmic Physicians for the *Advancement of Ophthalmology*."

My argument is not so much that patients suffer from our want of medical knowledge or the want of surgical experience, but that the future progress of ophthalmology must mainly be dependent on *medical*, as opposed to surgical, research. There are so many questions we want answered involving medical research, and it is not sufficient for the ophthalmic surgeon to submit cases or questions to the physician.

The physician, in order to carry out research, must study for himself the ophthalmic problems and their allied conditions. It is no use our submitting allied questions to him. We shall never get any further on those lines.

Take the list mentioned in my paper: cataract, detachment of the retina, conical cornea, irido-cyclitis, etc. What chance is there for him to arrive at a conclusion as to cause, unless he is in a position to watch the case himself?

Dr. Ernest Thomson, in a letter to the *Lancet*, and many of my critics at the discussion on my paper, seem to find a special difficulty in the question of *Refraction*—whether it should belong to the physician or the surgeon. I must confess I fail to see where the difficulty arises. To my mind, it is impossible to conceive investigating any eye case, whether it be surgical or medical, without a knowledge of the refraction. It is as much a routine part of examining an eye as taking the tension, the pupil reaction, or the visual fields; and any ophthalmologist, whether physician or surgeon,

must be capable of doing the refraction and prescribing for its correction.

Refraction, too, might be raised to a higher status if it were studied from a medical standpoint. Our present empirical method of ordering glasses for treatment of headaches, with but scanty or no investigation of the cause of the headache, is not to our credit, and brings us into competition with the prescribing optician, who does but little less than we do.

There are often refractive problems depending on the physical condition, urgently requiring the investigation of the physician.

My suggestion of the means of bringing the physician into closer touch with ophthalmology by appointing him on the active staff of ophthalmic hospitals, may not be the best or simplest, but of the *need* of the physician there can be but little doubt, if any true advancement in our science is to be obtained.

Yours faithfully,

RAYNER D. BATTEN.

LONDON, W.

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## A METHOD OF IRIDOTOMY

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*To the Editor of the BRITISH JOURNAL OF OPHTHALMOLOGY.*

SIR,—The method of iridectomy (not iridotomy) described by Mr. Mayou in the March number of the Journal was shown to me by the late Mr. Nettleship more than thirty years ago, and I have always assumed, though without any other evidence, that he had devised the operation. I have found this procedure very effective in cases (more common then than now) of updrawn iris after extraction of cataract.

I am, etc.,

J. B. LAWFORD.

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## NOTES

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### Deaths

WE regret to say that A. Reginald F. Evershed, of London, died from complications following influenza on January 25 last at Parkstone, aged 55. He joined his father, the late Dr. Arthur Evershed, at Hampstead, but soon started practice in Penzance. He then went to London, where he took up eye work. He was at first in the City and afterwards in Harley Street. He was oculist to the Cripples' Home, Winchmore Hill, to the Stock Exchange Benevolent Fund, and to the Brixton Dispensary. He was for many years