

the frequency of occurrence of the characters) by the mean blackness. Now, as Mr. Legros agrees, "with increasing blackness, other conditions remaining constant, the coincident areas increase, and the legibility co-efficients decrease." But it is well known that legibility is improved as the size of type diminishes by increasing the thickness of the most characteristic parts of the letters, as may be easily seen by comparing the ordinary founts of type, such as Jaeger's types, with types reduced to equal size photographically, as in Snellen's test types for near vision, which are founded on the same principle of visual angle as Snellen's distance types. Moreover, except for children learning to read, or adults reading figures, individual letters are not specially attended to, but the characteristic parts of groups of letters. In fact, "specific legibility" deals rather with relatively undifferentiated light sense, which may be regarded as the primitive form of vision, rather than with the highly differentiated form sense of man, which is still further elaborated psychologically in the process of reading. At the same time we regard this mode of dealing with one of the problems of legibility as a great step in advance, probably susceptible to great and valuable elaboration, making it applicable to the more complex problems of reading, when they themselves have been further elucidated.

When the enormous importance of reading in modern civilized life is contemplated it is extraordinary that so little attention has been paid to the subject by physiologists and psychologists. The stimulus to investigate the subject at all originated in the exigencies of ophthalmology, and bore fruit in the invention of Snellen's test types. We, as ophthalmologists, in some degree guardians of the eyesight of the people, may well consider it our bounden duty strongly to support the recommendation of the Committee that the physiological and psychological factors of reading should be investigated under the aegis of the Medical Research Council.

OBITUARY

WE announced in the last number of the Journal the death of Mr. E. H. E. Stack, the well-known ophthalmologist, of Clifton, Bristol, who died at the age of fifty-five years in King's College Hospital, Denmark Hill. He was born on December 15, 1866, at Langfield, Co. Tyrone, when his father, Canon Stack, of Londonderry Cathedral, was Rector. He was educated at Haileybury, Cambridge, and St. Bartholomew's Hospital. He took the widest possible interest in all departments of Medicine and Surgery, and at St. Bartholomew's

Hospital won the Brackenbury Medical Scholarship and held more resident appointments than anyone before or since. In 1897, Stack went to Bristol as House Physician to the Royal Infirmary, after taking the diploma of F.R.C.S. In 1902 he became House Surgeon, and in 1906 was elected Assistant Surgeon. On Dr. Ogilvy's death he decided to specialize in eye-work and was appointed Ophthalmic Surgeon to the Royal Infirmary in which post he continued until his death. Later, he succeeded to a vacancy as Surgeon to the Bristol Eye Hospital. Stack spent several years abroad in Paris and Vienna studying Surgery. In 1920 he started the South Western Ophthalmological Society and arranged their quarterly meetings in Bristol. His was a familiar face at the Oxford Ophthalmological Congress where he invariably exhibited optical and other instruments; he was also a member of the Council and represented the Congress on the Council of British Ophthalmologists. His powers of teaching were remarkable and he was very keen on the welfare of the medical students, both at work and socially. During the war he did much fine work at the 2nd Southern General Hospital at Bristol and at No. 56 General Hospital in France. He did not make many contributions to the literature of ophthalmology, his inclination being rather to the clinical side of the work. He leaves a wife and four children to mourn his loss.
