motic visual field screeners reported on by Pashley, Heijl, and others. These relatively rapid tests could well find a place in large-scale glaucoma screening.

The section on visual field changes in glaucoma included a memorable paper by Aulhorn and Karsmeyer. These authors analysed the location of 'early' visual field defects defined as 'spot-like, stroke-like, arcuate defect, still without connection to the blind spot'. They found scotomata in the upper and lower field to occur with equal frequency. However, in the upper field the scotoma lay in an arcuate fashion close to fixation centred around the 12% meridian, while in the lower field they were sited inferonasally and further from fixation.

Drance and co-workers sought reversible defects in the visual field after surgical reduction of intraocular pressure, finding significant regression in visual field defects sited in the inferonasal quadrant. They pointed out the pitfalls inherent in comparing sequential visual fields from any one patient and did not draw strong conclusions from their findings.

The question of reproducibility of visual fields was discussed by Wheeler and Weale. Their paper, for the full text of which the reader is referred to the British Journal of Ophthalmology, analysed the results of sequential field tests repeated over a short period of time, noting quite large variability. The existence of this 'natural fluctuation' in visual field defects should be of concern to all clinicians whose management of patients is influenced by minor increases in the size of visual field defects.

Objective perimetry, could in theory, overcome variations induced by both subject and perimetrist. Three methods were reported—perimetry by focal ERG, VER, and pupillometry. Of the 3, fewest methodological difficulties were experienced with pupillometry. However, no mention was made of extraocular stimuli affecting the pupillary response; a stray thought could well override light-induced pupillary reactions. Objective perimetry is not yet ready to emerge from the laboratory and enter the rough and tumble of clinical ophthalmology.

The Second Visual Field Symposium was held so that it could bring together people interested in perimetric analysis. The proceedings reflect the wide range of interests represented, and the papers embody current thought in many branches of perimetry. They should be read by all wanting to update their knowledge in this expanding field.

R. A. HITCHINGS

Correspondence

Soft contact lenses

TO THE EDITOR, British Journal of Ophthalmology

SIR, With regard to our paper 'Infective keratitis in soft contact lens wearers' (April 1977, pp. 250 to 254) an error has been brought to our notice, in which it can be seen that on p. 252 Case 4 is stated to be wearing Hydron contact lenses, whereas in Table 1 on p. 253 she is stated to be wearing Bausch & Lomb lenses. Over the past 7 months we have finally traced the patient, and confirmed that the correct lenses were Hydron lenses by Contavu. Further investigations have shown that Case 2 was wearing Saflon 70% lenses. Yours sincerely,

R. L. COOPER
I. J. CONSTABLE

University of Western Australia,
Western Australia 6009
11 January 1978

Obituary

I. Spiro, FRCS

Mr Isidore Spiro, formerly consultant ophthalmologist to Queen Mary (Stratford), Hillingdon, and Lister Hospitals, died on 7 January at the age of 79. Mr Spiro served in the infantry during the first world war in France. He then studied medicine at Liverpool University and at University College Hospital, London, qualifying in 1924. During the second world war he served in Gibraltar as an eye specialist with the rank of major. He was also interested in the repatriation of displaced persons. Fundus photography was one of his hobbies. He is survived by his widow.

Mr F. Jones, MB, BS, FRCS, DO

Mr Ralph Jones, consultant ophthalmic surgeon to Bournemouth and East Dorset Hospitals, died on 7 December 1977. He was 52.

Ralph Francis Jones was born at Hereford on 30 May 1925, receiving his early education at Hereford High School. Before starting his medical education he spent 2 years working underground in a coal mine, under the war-time Bevin Boy scheme, surviving a coal-face accident in which he broke a leg.

He then proceeded to St. Bartholomew's Hospital, London, where he qualified MB, BS in 1951. Soon attracted to ophthalmology, he was house surgeon,