British Journal of Ophthalmology, 1986, **70**, 478

Correspondence

Spectacle prescribing among 10-year-old children

SIR, Your editorial in the December issue of the *BJO* uses my paper[1] to draw inferences which the data published in it cannot support. The data do strongly suggest that over-prescribing of spectacles is common in children but provide no information on who was responsible for these prescriptions.

You imply that the cause is entirely prescribing by opticians to children with medical problems such as headaches. Although the latter were more common among children with questionable prescriptions, they were actually reported by less than 20%. Treatment of headaches is therefore an unlikely explanation for more than a small proportion of questionable prescriptions.

We do not know what proportion of children were treated by opticians and what proportion by doctors in eye clinics. Both of these groups see children and both could have been responsible for the observed overprescribing.

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Reference

1 Stewart-Brown S. Spectacle prescribing among 10-year-old children. *Br J Ophthalmol* 1985; **69:** 874–80.

**We agree with Dr Stewart-Brown that her paper gives no information as to who was responsible for the spectacle prescriptions. Our editorial note contains the phrase 'if we assume that the proportions conform to the national average, it would be likely that 80–90% of the prescriptions would have been issued by non-medically qualified persons.' Furthermore, we certainly do not assume that all the unnecessary prescriptions were given for headache, and we mention no less than seven other possibilities. However, we accept that a cursory reading of the editorial could give the impression that Dr Stewart-Brown's paper had pinpointed headache as the principal cause of the over-prescribing, and we hasten to agree with her that such was not neccessarily the case.—EDITOR.

Defective vision in children

SIR, I read with interest the papers by R M Ingram and colleagues,[1,2] which proved useful additions to the literature. However, the interpretations made in the second paper[2] with regard to the success of occlusion are somewhat narrow. It would seem that the results are said not to be encouraging because final acuity is not 6/6. Despite this assertion, the average improvement is virtually two Snellen lines and the maximum benefit five lines (using an interpretation which takes the pessimistic view that an improvement from <6/60 to 6/60 is equivalent to a single line's improvement).

If it is accepted that there is an innate variation in visual capability among normals, that the Snellen chart is an irregularly progressive assessment of acuity, and that an improvement in acuity of only one line may be of visual significance in some cases, then I would submit that the results submitted are moderately encouraging. This evaluation of the results does not of course negate the argument that a better response might be achieved with screening and management before the end of the first year of life.

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References

1 Ingram RM, Walker C, Wilson JM, Arnold PE, Dally S. Prediction of amblyopia and squint by means of refraction at age 1 year. *Br J Ophthalmol* 1986; **70:** 12–5.
2 Ingram RM, Walker C, Wilson JM, Arnold PE, Dally S. Screening for visual defects in preschool children. *Br J Ophthalmol* 1986; **70:** 16–21.

SIR, Certainly there was some improvement in the acuity of children identified as having defective vision at 3½, but the real question is whether it was more than it would have been if they had not been identified until 5 years of age (under present arrangements for vision screening at school). Until this has been clearly demonstrated, there is no reason either to institute a new (additional) screening test or to change the present arrangements. Indeed it could be disadvantageous to do so.[1]

Kettering and District General Hospital, R M INGRAM
Rothwell Road,
Kettering NN16 8UZ

Reference

1 Ingram RM. Should preschool children be screened for visual defects? *Trans Ophthalmol Soc UK* 1985; **104:** 646–7.

Obituary

A. J. Boase, CMG, OBE, FRCS, LRCP, DOMS

Mr Arthur Joseph Boase, formerly ophthalmic surgeon in Uganda and later in Jerusalem, died peacefully on 31 January 1986 aged 84 years.

Arthur Boase was born in British Guiana, where his father was a medical officer. He was educated at Mount

St Mary's, the Jesuit College in Derbyshire, and at St Thomas's Hospital Medical School, where he graduated in medicine in 1923 at the early age of 22 years.

In 1924 he joined the Colonial Medical Service and was appointed to Uganda, where in 1929 he married Alice, daughter of Sir Charles Griffin, QC. Five sons and five daughters were the product of this long and happy marriage. Early in his career he specialised in ophthalmology, though this had to be combined with the duties of a general medical officer until 1945, when he was finally gazetted as senior specialist ophthalmologist. In addition to his clinical duties, Arthur Boase was at various times president of the East African Association of Surgeons and the Uganda branch of the BMA. Together with his colleagues he was instrumental in founding the medical school at Makerere. He was also the first chairman of public health when Kampala became a municipality. Despite these many commitments Arthur Boase found time to be an enthusiastic golfer and to develop an interest in woodwork, which was to be his absorbing hobby well into his retirement.

Arthur Boase retired from Uganda in 1956 to take up the post of warden of the Ophthalmic Hospital of the Order of St John in Jerusalem. The next 13 years proved to be very eventful. The early days were spent in the cramped quarters of Watson House in the old City before moving to the large modern Eye Hospital which was built on the northern outskirts of Jerusalem. During this time the hospital acquired a remarkable reputation throughout the Middle East, and every year record numbers of patients were treated. A visit to the Eye Hospital was an important part of the itinerary of many pilgrims visiting the Holy City. Under Arthur Boase's wardenship the hospital became a popular place for ophthalmic surgeons from Britain and America to round off their training. The years spent in Jerusalem also had their dangerous moments; anti-British sentiment necessitated evacuation during the Suez campaign, and later he and his wife were caught up in the middle of the Six Day War. He was regarded with affection and esteem by the Jordanian people.

On retirement from Jerusalem in 1969 he went to live in Uckfield, Sussex. However, his professional services were still needed and he continued to work part-time until he was 76 years old.

During his long and distinguished career Arthur Boase was awarded, in addition to his other honours, the KStG and the KStJ. He is survived by his wife and eight of his 10 children, one of whom is a consultant ophthalmologist.

John Edward Cairns, MA, MB, BS, FRCS

In the loss of John Cairns British ophthalmology has been deprived not only of one of its most able and well known ophthalmologists but one of its most likeable characters. John, born in 1925 of farming stock, was brought up in the countryside of Northumberland, where he acquired the most acute powers of observation, his unusual and delightful sense of humour, an intense interest in all natural phenomena, and the most extraordinary accuracy with a catapult.

John Edward Cairns.

He was educated in King Edward VII Grammar School in Morpeth and then went to Durham University to read classics until he was called in up in 1943. He joined the Indian Army in which he was commissioned and remained until 1947. Although he never returned to India, his knowledge of the mountains, its wild life, particularly its entomology, and its people was encyclopaedic. He had intended on his return from the Army to become a schoolmaster; fortunately he decided instead to enter St Bartholomew's Hospital Medical School. He took the anatomy prize in the second MB and after qualification was house officer on both professorial units. It was then that Henry Stallard interested him in eye surgery, and after working with him John subsequently completed his eye training at Moorfields Eye Hospital, City Road, London. He worked for a time in London until he was appointed to Addenbrooke's Hospital, Cambridge, in 1964.

When he arrived in Cambridge the work load was enormous. He tackled this with his characteristic energy, deciding on priorities and then ensuring that they were carried out. All this was achieved apparently effortlessly and with a gentle humour. As the department began to come together he developed his abiding interest in glaucoma surgery, first in the development of that operation for which he will always be remembered, trabeculectomy, and later in modifications of iridectomy and latterly internal trabecular surgery. All of this interest has been brought