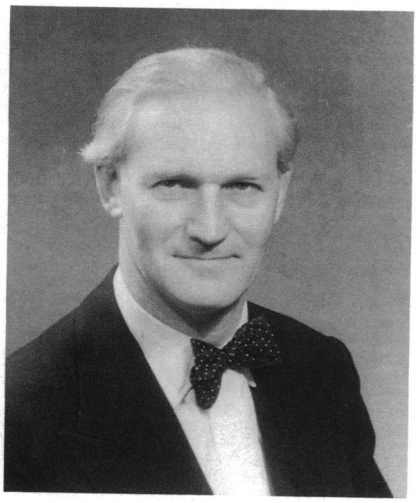
OBITUARY

H E Hobbs, MB, BS, FRCS, DOMS, DO

Henry Edwin Hobbs died on 3 October 1990 after a long illness.

His career spanned a period when the practice of ophthalmic surgery finally emerged from being the part-time preoccupation of a general surgeon with a particular interest into a specialty in its own right. Indeed his own interest in ophthalmology appears to have arisen during his short period as an optician and his resolve to move into a medical career must have demonstrated itself to the London Hospital Medical School, doubtless impressed by the self-discipline he had shown in holding down a job in optical manufacturing while educating himself to university entrance standard at night school.

After qualification in 1938 with some distinction in his undergraduate career, he did house jobs, then took the FRCS in 1941, proceeding to the DOMS and the Oxford DO in 1942, and entered the Royal Air Force as an ophthalmic specialist with the rank of squadron leader. After the war he was swept along in the sea change taking place which made ophthalmology a scientific discipline. He was particularly to the fore in advances in glaucoma, and some of those who have become acknowledged experts in this field are indebted to him for stimulating their initial interest in the subject.



Glaucoma work inevitably involved study of visual field anomalies, which served him well in his subsequent appointment to the Maida Vale Branch of the National Hospital, where he developed a useful device for fixation of an eye with a central scotoma during Bjerrum screen examination. He was registrar (a title of some greater significance in those days) and chief assistant at the Holborn Branch of Moorfields before taking up consultant posts first at the Metropolitan Hospital and subsequently at the Royal Northern and Royal Free Hospitals. In his later career he retained his Royal Free and Maida Vale appointments as well as his busy private practice. He was highly respected by all his patients, and his work often extended beyond the merely clinical. The Royal Free benefited from this when Henry was secretary of the medical committee; he organised very successful annual staff dinners at Claridges through just such a 'patient connection.'

Apart from his early glaucoma work he will certainly be best remembered for the original observation of chloroquine retinopathy documented in the joint paper written by him with Sorsby and Freedman and published in the *Lancet* in 1959. He came from a deeply religious background, which may have prompted his ophthalmological concern for leprosy sufferers: he was honorary consultant ophthalmic surgeon to the Hospital and Homes of St Giles, East Hanningfield. Leprosy work was regarded as particularly important to the Hospital of St John of Jerusalem. In recognition of this and other Christian acts he was appointed first an officer and subsequently, in 1970, a commander of the Order of St John.

Once he retired from active practice he moved permanently to the country, where he was able to pursue even more assiduously his life-long interests in music and, after a successful hip replacement, gardening. Sadly, his wife died not long after he retired, but his independence carried him through for some years until he became unwell. And he was without doubt sustained by his three daughters, all of whom were a great source of pride. To those of us who had close professional contact with him he will be best remembered for his valued clinical opinion, delivered diffidently but directly, a meticulous surgeon, and as a colleague whose fairness and rectitude characterised his personal relationships.

DAVID ABRAMS

LETTER TO THE EDITOR

Macular degeneration: the facts

SIR,—Most scientific papers dealing with macular degeneration begin with the following type of statement[1]: 'Macular degeneration . . . is the leading cause of severe visual loss in the United States and western Europe in persons aged 55 years or older . . . [it] is of unknown cause.'

Even the public understands the problem[2]: 'After AIDS and cancer, the medical crisis Americans fear most is blindness. . . . More than half of all Americans with low vision have macular degeneration, a deterioration, of the retina that is the number one cause of visual deficiency in the elderly. . . . Although help for low-vision is plentiful, ophthalmologists often fail to refer patients to low-vision organisations. . . .'

'I can't stand the fact that many of my colleagues abrogate their responsibility,' says Dr Eleanor E Faye, who was a pioneer in developing low vision as a clinical specialty. 'No orthopedist would tell a patient, Well the bone is knit and your arm is bent at a 45-degree angle, but there's nothing more I can do for you' (personal communication).

There appears to be only a low correlation between the number and quality of publications (though there is no question that if there were no reports there could not be any quality). To examine this issue we studied the number of publications dealing with macular degeneration as reported in one of our leading medical listing services (*Index Medicus*). Our records show that 609 articles appeared during the last decade, of which 202 were in foreign languages (and therefore not readily available for study). With regard to causation, the annual average in English language journals is two to four. In all, we found 38 over the past 10 years.

It is obvious from this search of the literature that very little effort has been expended to determine the cause of macular degeneration. To put this into proper perspective, during the same period, 320 articles appeared in 1983 on the subject of AIDS. This has exploded to approximately 6000 in 1989 even though the incidence and prevalence as well as the devastation of AIDS and macular degeneration are comparable.

Therefore one must wonder whether we are dealing here with a truly insolvable problem, or whether, if greater and more organised effort were to be expended, the problems of macular degeneration might be solved.

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1 Newsome DA, Swartz M, Leone N, Elston R, Miller E. Oral zinc in macular degeneration. *Arch Ophthalmol* 1989; **106**: 192–8.
2 Seligmann J. Making the most of sight: a brighter future for the millions of Americans with 'low' vision. *Newsweek* 92–93, 16 April 1990.

NOTES

Research grants

David Cole travel fellowship

The David Cole travel fellowship, instituted by Merck Sharp and Dohme in memory of Professor David Cole, will assist a visit to a hospital or research centre during the academic year starting 1 October 1991. The award will be equivalent to £2000. The purpose of the award is to enable the successful applicant to gain experience and knowledge in pursuit of a specific project related to glaucoma.

Glaucoma Group research grant

The Glaucoma Group research grant, sponsored by the International Glaucoma Association, will be available for a research project clinically orientated to glaucoma for 1991. The award will be equivalent to £2500. The grant may be used towards salary or project expenses or for buying equipment.

Glaucoma Group research award

The Glaucoma Group research award, sponsored by Alcon Laboratories, will be given in support of a research project related to glaucoma. The award will be equivalent to £2000.

These awards are available to both medical graduates and non-medical scientists resident in the United Kingdom or Irish Republic. They may be held concurrently with other awards. Further details and application forms from: Dr S Nagasubramanian, Secretary Glaucoma Group, Glaucoma Unit, Moorfields Eye Hospital, City Road, London EC1 2PD. The closing date for applications is 30 June 1991. The successful candidates will be informed by August 1991.