without any thought of the mathematical principles underlying the subject.


In spite of its odd-sounding sub-title this little pamphlet is worth perusal. The stereoscopic figures are for the most part simple and strike us as being better than the well-known Kroll's pictures, though they do not appear to be as interesting for children as the stereoscopic plates issued by Underwood for fusion training. As we understand the author's thesis he is more concerned with visual psychology than with training squinters; though the one has a large bearing on the other. As a study on stereoscopic vision his little work can be recommended with confidence.

---

**CORRESPONDENCE**

**CHANGES IN REFRACTION IN DIABETES MELLITUS.**

To the Editor of The British Journal of Ophthalmology

Sir,—Further to Mr. Duke-Elder's highly suggestive paper in the April number, and especially with regard to the anomalous group into which Mr. Laws's cases seem to fit, the following case may be of interest:

Mrs. B, aged 40 years, was admitted to Mansfield Hospital on November 18, 1923, as an in-patient, and was regarded by Dr. Flint (to whom I am indebted for the notes on her general condition) as a mild diabetic. A few days before admission the urine sp. gr., 1035, contained "a large quantity of sugar." This seems to have been a variable quantity and easily controlled. On admission blood sugar was only 0.20 with a urine of sp. gr., 1040: and on the two following days "no sugar" was reported. There was a total amount for first three days 24, 23, 30 oz.

She was referred to me ten days later for defective vision, noticed for some six or eight weeks. I found R. and L.V. unaided less than 6/60, media clear, fundi normal. With +5.00D sph. R. and L.V. = 6/6 partly. She had never required glasses for distance or near work. After twelve days in hospital, dietetic treatment only, she was discharged, the urine for three days before this measuring 45, 50, 68 oz., and on each day "sugar-free" to Fehling.
Under Dr. Flint's care she remained much the same till April 5, 1924, when owing to continued excretion of sugar she was re-admitted. On April 8 and 9, 10 units insulin were given, reduced to 5 on April 10, and she has continued with this small amount till a week ago, when I saw her again.

She came for a mild conjunctivitis, R. and L.V. = 6/6 unaided. She told me her eyes had rapidly improved after I had ordered the +5D sph., and that on January 2, 1924, she was able to dispense with these and had not used them since!

She now reads Jaeger No. 2 easily: the media are clear and fundi normal; shadows +0.25D vertical; +0.5D horizontal.

Dr. Flint reports that 5 units kept her sugar free for a year and that he is now administering raw pancreas.

This case then, a very mild diabetic (renal?), contrary to rule developed a high-grade hypermetropia, +5D sph.; and lost it under simple dietetic treatment.

I find it difficult to fit this case into any of the theories propounded, and one wonders whether at an unstable age there may not have been a sudden flooding of the system with the products of an endocrine gland which may have indirectly altered the refractive index of the lens.

Yours faithfully,

NOTTINGHAM,
April 25, 1925.

A. CHRISTIE REID.

VISUAL REQUIREMENTS OF MOTOR DRIVERS

To the Editor of The British Journal of Ophthalmology

Sir,—In the April number of your journal you refer at some length to a report read before the Ophthalmological Section of the American Medical Association in June of 1924. It might be well to accentuate that this report has not yet been accepted by either the Section on Ophthalmology or by the American Medical Association, indeed, it was referred back to the committee for certain modifications in the visual standards.

The report, with these modifications, will be presented at the coming meeting of the Association in May and, if accepted by the Section on Ophthalmology, will, in conjunction with standards prepared by the Section on Preventive and Industrial Medicine and Public Health, which cover examinations of other parts of the body, be submitted to the House of Delegates for action. If this be favourable, the entire matter will be referred to a department of the Association which has charge of public health and policies with a view to introducing the standards into the various States of our country.