standard test in any recognized branch of training in medicine, teaching, social work, or welfare work. Practical work in psychology is supervised by the director of the clinic, the cases are summarized, and lectures and demonstrations are provided. The fee is 21 guineas for the year, payable 7 guineas a term in advance. Further particulars of this training course, as well as other information about the clinic, may be obtained from the secretary.

Correspondence

RADIUM: POSSIBLE EFFECT IN PROPHYLAXIS OF CANCER

SIR,—At the present time there are a considerable number of patients treated for small fibroids and menorrhagia at the menopause by means of radium. The radium is generally placed in the cervix and body of the uterus, and it will be of considerable interest to watch these cases and see if they all remain free from malignant disease of the uterus in after-life. It will, of course, require many years, and a great many cases, before any statistics worthy of the name can be collected. I would, however, ask through your columns that all practitioners take careful notes of any of their patients in whom this treatment has been carried out, so that at a later date large statistics may be available. If it should prove a prophylactic for carcinoma of the cervix it will be a very big step forward.—I am, etc.,

London, W.1, June 6th. MALCOLM DONALDSON.

MICROCEPHALY

SIR,—In his letter on microcephaly (*British Medical Journal*, June 6th) and its kindly reference to myself, Dr. Noel H. M. Burke correctly reflects my views on the association of microcephaly with amentia, and points to my departure from the hitherto more usual practice of regarding microcephaly as only one of several types of mental deficiency. The reasons for my conversion are, very briefly, as follows.

I know of no satisfactory methods by which a definite shape of head can be proved to be associated with either amentia or dementia. Circumferential tape measurements and the cephalic index have both been tried and found wanting, and there does not seem to be any satisfactory instrument which will do for the living head what the dioptrograph does for the skull. I am therefore unable to accept previous teaching that microcephaly as one of the types of mental deficiency depends far more on shape than on size.

On the other hand, size of head as recorded in accordance with the recommendations of the Anthropometric Committee of the British Association for the Advancement of Science, from which can be calculated the cubic capacity of brain and the results compared with the now known and well-established percentile figures for both sexes and all ages, is a new departure which gives positive and illuminating results, and even enables us at times to form some notion of the probable state of development of the individual's pyramidal and fusiform cortical cell layers.

In an examination of 1,391 unselected mentally deficient patients from a large Victorian Children's Hospital in Melbourne, I found that 62.2 per cent. were definitely microcephalic, whereas a check experiment on 8,533 normal public and State school children revealed only 19.5 per cent. to be of similar microcephalic dimensions.

Of 131 adult female defectives now under examination at Stoke Park Colony, all over 16 years old, with a mental ratio of not less than seven years and all feeble-minded, 88 cases, or more than 67 per cent., are at definitely microcephalic levels, and of these, 49 are so microcephalic as actually to fall below the zero percentile for their age and sex.

But macrocephaly is also associated with amentia, though to nothing like the same degree as microcephaly; but as it is impossible to enter here into this larger field I may content myself with a sentence from my report on mental deficiency in the State of Victoria (1929), which is confirmed by later experiences amongst English defectives. "This dispersal of the abnormal (mentally defective) cases away from the true means is also shown by the greater readings of the standard deviations, and thus both tables (that is, the mathematical true means and the percentiles) prove once more that the mentally abnormal tend to have abnormal heads, and the generalization is applicable to both sexes."

I have therefore been compelled to the conclusion that there is no particular shape of head associated with mental deficiency. But that two-thirds of all defectives are so small-headed as to be microcephalic, while another 25 per cent. are at abnormal macrocephalic levels, appears to me to be both true and proved.—I am, etc.,

Stoke Park Colony, June 8th. RICHARD J. A. BERRY.

OPERATION FOR CATARACT

SIR,—In your issue of June 6th (p. 1001) Dr. Traquair raises the question whether an operation for cataract in one eye, when the vision of the other is sufficiently good to enable the patient to carry on his work, is advisable or justifiable. In my opinion, when the sight of the cataractous eye is so defective as to be useless for ordinary visual purposes, but in the opinion of the surgeon is operable, the cataract should be removed by operation if the better eye shows that cataractous changes have already begun. My reason for this is that opacification of the lens of the better eye will probably increase, and it is advisable to prepare the more definitely cataractous eye for visual purposes in advance, and not to wait until the patient is reduced to a condition of visual impotency.

The designation of some cataracts as immature is frequently a misnomer. When the opacity is situated in the posterior cortex of the lens, leaving the rest of the lens almost clear, the cataract is often styled immature. Such a cataract interferes very greatly with visual acuity. It may, however, be removed entire by any of the various methods of operation without the slightest difficulty.

The question of driving a car after cataract operation depends not only on the visual acuity obtained with the cataract glasses, but also on the individual psychology of the patient.

Dr. Traquair's third point is: If a patient has had a successful operation performed on one eye, is any material advantage to be gained by operating on the other commensurate with the risks involved? In my opinion, if the cataract in the other eye is operable, there is very great advantage to be gained by successful operation. In most cases the patient regains binocular vision, and, what is of very great importance, restoration of his visual field. Even in cases of monocular cataract resulting from traumatism I am accustomed to advise operation in order to restore, as far as possible, the normal visual field, a matter of great importance to motorists.

There is little doubt in my mind that the most important cause of cataract is the long-continued presence of some form of focal sepsis. The careful search for such a focus, and its elimination, have often, in my hands, delayed the further development of such cataractous changes in the lenses as are likely to interfere with