

thesis that the unequal distribution of obstetric services is in some way responsible for regional and geographical differences in mental retardation. The value of this hypothesis is inversely related to the number of acceptable alternatives of the observed differences, which in this situation are many indeed.

Dependence on the assumption that "brain trauma could be the cause of mental backwardness"—the concept of the spill-over of infants who do not die but survive in an injured state—is a very popular one. In such circumstances it would be reasonable to expect that the number of injured survivors would numerically outweigh those who died, yet the reverse is true.² This, together with the consideration that as yet there is no evidence that children with mental backwardness do in fact have brain damage³ and that many children with known and verified brain damage (for instance, post-traumatic epilepsy) do not exhibit mental backwardness³ suggest that caution should be exercised before claims are made about the possible role of obstetric prevention in mental retardation.

Finally, much work has been done on the relationship between maternal care and infant development, and it is generally agreed that an association between the two exists, but it is certainly not yet universally agreed that the association is a causal one. Even if it is, one would wish to test the effectiveness of social support of mothers whose infant care falls below average standards before claiming that "much can be done to secure the future mental development of many children by better social support of this group of mothers." Were this requirement to be satisfied, it surely would become a social rather than an obstetric matter.

We hope we have drawn attention to one of the problems facing those responsible for planning medical care services—namely, that when they meet to consider a case presented with conviction and apparently supported by epidemiological data, they must decide whether the data presented have been used to support an opinion, or as the foundation on which to build an informed judgement.—We are, etc.,

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- ¹ Barker, D. J. P., *British Journal of Preventive and Social Medicine*, 1966, 20, 15.
- ² Ingram, T. T. S., *Paediatric Aspects of Cerebral Palsy*. Edinburgh, Livingstone, 1964.
- ³ *Brain Damage in Children—the Biological and Social Aspects*. Ed. H. G. Birch. London, Baillière, Tindall and Cox, 1964.

Attendance Allowances

SIR,—One of my patients is a charming 80-year-old lady who, despite some mild dyspnoea from cardiac failure, is able to perform most of the lighter household duties. Her main problem in life is her mildly demented husband. She is assisted by her spinster daughter.

A helpful officer in the Department of Health and Social Security advised the daughter that both her parents were eligible for an attendance allowance. I duly completed the form for the husband, who, in my opinion, should receive an allowance, but to save extra work for the board I

returned the wife's form explaining that she was relatively physically and mentally sound and that she was not, in my opinion, eligible for a grant. I received a reply from a medical officer in the Department, asking me to complete the form and implying that the attendance board should determine the validity of all claims and that my opinion was worthless. I could, however, collect a fee for submitting my worthless opinion.

From my personal experience and also from the popular press it appears that the board is inundated with such claims and that only in the most extreme cases do patients qualify for a grant. It therefore appears to me that the attendance allowance is a confidence trick on the general public by the Government.

We are always being preached at by the regional medical officers, by leaflet and visits, to economize in our prescribing habits. I may be young and mildly idealistic, but I had, until now, hated wasting public money. In future all pleas to economize will be filed where they should be filed—in the waste paper basket.—I am, etc.,

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Late Diagnosis of Congenital Blindness

SIR,—Following recent reports in your columns on the late diagnosis of defective speech and vision in children of school age, I would like to draw attention to the dangers of late diagnosis of the acutely visually handicapped—namely, the congenitally blind child. This often leaves the parents in a long period of uncertainty. Although such a diagnosis is of course made before five years, any delay may be prejudicial to the child's later normal development. This is because from the beginning the mother should make up for the lack of visual interaction by relating to her infant in other ways; she must keep him in constant contact with her and stimulate his natural interests. As one mother commented, if she had known of the blindness earlier she would not have left the child on his own so much; in this case the diagnosis was not made until nine months. The danger is that the mother may settle for a "good" but passive and uninterested infant if she is left in ignorance.

My experience of working with mothers of blind infants suggests that the general and emotional development of these children is very greatly helped if the mothers know of the problem as soon as possible and if they get some support in dealing with the challenge it presents.—I am, etc.,

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Fish Cornea for Grafting

SIR,—I have waited for some time for comments from ophthalmologists on Dr. N. Haq's letter (17 June, p. 712) advocating the use of fish eyes for corneal transplant operations where human donor material is not available. I feel that this experience is worthy of more attention than it has received.

Unfortunately the surgery of transplantation has become clouded by the problem of immune reaction in the host tissues to the

transplants, and the fact has been ignored that not all tissues produce this type of response. This is due to the well-known fact that certain substances are very similar in biochemical structure throughout the animal kingdom. The collagen of starfishes, for example, is very close biochemically to that of human beings and other animals and almost identical with it under the electron microscope. It is thus not surprising that collagen and allied substances do not produce an immune response when transferred from one species to another as long as the substance is not contaminated by other proteins. Grillo and Gross¹ drew attention to this, and my own experimental work supports their findings, as does that of other workers. It would therefore seem reasonable to use the cornea of a variety of species for transplantation in human beings (or even in veterinary work). Modern techniques of reshaping the cornea would help, but should be unnecessary since careful selection of species should allow a perfect match to be made without any difficulty.

The same principle can, of course, be applied to other tissues, and this has been done in the past with, for example, the use of arteries from other species and even farther back with the use of tendons for transplantations. It would be unfortunate if our preoccupation with exotic procedures such as heart transplantation made us overlook certain fundamental principles of importance in mundane procedures which are far more frequently of importance to both patients and surgeon.—I am, etc.,

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- ¹ Grillo, H. C., and Gross, J., *Journal of Surgical Research*, 1962, 2, 69.

Polypropylene Sutures

SIR,—It has been suggested that polypropylene (Prolene) sutures are easier to tie than monofilament nylon and that the knots hold more securely. However, a recent experience has shown that the security of knots tied in Prolene should be viewed with caution.

After the repair stage of the second side of a bilateral direct inguinal hernia repair the patient gave an explosive cough. Four of the interrupted 0 Prolene sutures which had been tied with four reef knot throws came undone and the hernia recurred on the operation table. The other hernia repair was therefore explored and was found to have completely broken down with recurrence of the hernia. All but one of the Prolene knots had come undone.

The strength of various knots in different strengths of monofilament nylon and Prolene were subsequently compared and although Prolene knots were found to be more secure when tied dry, there appeared to be little difference when the sutures were with blood and Prolene was, if anything, more slippery to handle.

It is suggested that if Prolene is used instead of nylon similar precautions should be taken to ensure security of the knot, preferably using a surgeon's knot rather than a simple reef knot.—I am, etc.,

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