

Eye Hue	Total No. of Patients	Male	Female	Age (yr)		Reflex not Present
				Mean \pm S.D.	Range	
Blue	80	37	43	7.93 \pm 8.88	7/12-57	35 (44%)
Grey	33	21	12	8.24 \pm 8.89	2-48	11 (33%)
Hazel	42	23	19	10.57 \pm 10.97	2-56	8 (19%)
Brown	43	16	27	9.88 \pm 10.64	8/12-49	4 (9%)

P = 0.001 (χ test).

Full View of the Road

SIR,—I am writing to congratulate Professor R. A. Weale on his recent article (19 October, p. 149) on the use of tinted filters by drivers at night. Some 98% of the information used by a motorist when driving is received by the eyes. The Department of the Environment, however, argues that the visual standard laid down in 1935 is still adequate for modern speeds and congestion. The effects of ametropia, field of vision, depth perception, uncompensated extraocular muscle imbalances, poor night vision, etc. seem to be ignored.

The Association of Optical Practitioners has fought for many years to ban the advertising of so-called yellow "night-driving spectacles." Discussions with the British Advertising Association may well lead to an agreement on this by newspaper publishers though it is being contested by the manufacturers. Efforts are also being made at local level with consumer groups, etc. After concerted effort by ophthalmologists and ophthalmic opticians in the U.S.A. advertising of night-driving spectacles has been banned. Similar coordinated pressure in Britain could produce the same result if not more. There is also a growing tendency for tinted "heat-absorbing" windscreens, now being seen in increasing numbers, to be regarded as status symbols. The value of this accessory in the United Kingdom is so slight (and can easily be improved on by the use of sunspectacles plus an adequate ventilation system on hot days) compared with the night-time visual disadvantages that there is a powerful argument for banning their use altogether.

It is indeed incredible, with the published data on reduced accidents at night with improved street illumination, that the Department of the Environment stands idly by and allows an increasing proportion of drivers to negate its efforts at a risk not only to themselves but to other night-time road users.—I am, etc.,

A. J. PHILLIPS

Loughborough,
Leicestershire

Eye Colour and Oculocardiac Reflex

SIR,—During previous work we suspected that the colour of the eyes could be a factor associated with the presence or absence of an oculocardiac reflex. To confirm this a series of 198 patients having operations for squint were studied. Some of the patients had bilateral recessions or recession and resection, but in all the cases included a recession of the medial or lateral rectus muscle was performed first and the observations were made during this procedure.

The pulse was counted by the counter of a Cardiorater and a fall of 10 beats/min taken as the criterion for the presence of an oculocardiac reflex. Children were premedicated with trimeprazine and atropine orally,

older children with pethidine and atropine intramuscularly, and adults (over 16) with Cyclimorph and hyoscine. Four shades of eye colour were chosen: blue, grey, hazel, and brown. The patient was placed in the appropriate group just prior to induction by a consensus of the nursing staff available (usually two or three persons) under the same strip lighting. Any patient who could not be fitted into one of these four categories—for example, with green eyes—was not included in the series. There were very few of these. The findings are presented in the table above.

It is concluded that patients with blue or grey eyes are less likely to show an oculocardiac reflex than patients with hazel or brown eyes.—We are, etc.,

E. N. S. FRY

B. J. P. HALL-PARKER

North Tees General Hospital,
Stockton-on-Tees,
Cleveland

How to Close a Hospital

SIR,—Three years ago the excellent nurse training school at the Elizabeth Garrett Anderson Hospital was combined with schools of the other hospitals in the North London Group as a result of Salmon. At its last inspection in November 1973 the Elizabeth Garrett Anderson compared favourably with other hospitals in the group. Meanwhile, as a result of N.H.S. reorganization this hospital has found itself in a different District. In September we noticed from the nurses' advance change list that the supply of student nurses from the combined training school was being phased out. A formal statement was eventually issued by the district administrator explaining that the area health authority had accepted a decision of the General Nursing Council to withdraw approval of the Elizabeth Garrett Anderson for the training of student nurses. It follows that the hospital will have to rely in the future on trained or agency nurses and will become uneconomic.

Our obstetric unit at Hampstead will be closed shortly when the new 60-bedded unit opens at the Royal Free Hospital. Unless its patients can be moved to our main hospital at Euston there will be no unit north of the Thames at which women can be certain of being treated by women. We have repeatedly recommended this move to the authorities and we have emphasized the

anomalous position of a women's hospital without an obstetric unit. Meanwhile, reports attributed to district and area officials have appeared in the press to the effect that the unit's patients are to be moved to the Royal Free. We have been besieged by patients complaining that their wishes are not being respected and the staff have not yet even been consulted about the transfer, which could lead to redundancies.

Two years ago Rosa Morison House, endowed as our pre-convalescent home before the N.H.S. was closed down at only three weeks' notice and transferred to another hospital group. It has remained empty ever since. Our E.N.T. department has been closed. For some time we have not been allowed to have our vacant consultant posts advertised and can fill them only by locums. The purpose of this letter is to alert staff at other hospitals to the steps which can be taken to make the closure of a hospital inevitable by making it uneconomic. The authorities have almost succeeded in making the Elizabeth Garrett Anderson uneconomic, but we hope that the widespread demand of women patients to have a hospital where they can be certain of being treated by women doctors will lead to additional finance being made available, so that the obstetric unit can be retained and the hospital remain open.—I am, etc.,

WENDY LOVE

Chairman, Medical Committee

Elizabeth Garrett Anderson Hospital,
London N.W.1

Payment for F.P.A. Reports

SIR,—Acting on the principle that general practitioners must now be more selective in deciding which services they carry out free of charge, the Croydon Local Medical Committee recently gave the Family Planning Association three months' notice that unless it agrees to pay a reasonable fee for all medical certificates and reports (including "negative response" reports) the L.M.C. will inform all Croydon doctors that these reports should no longer be rendered.

When the N.H.S. assumed responsibility for family planning on 1 April 1974 and chose to employ the F.P.A. as its agent to carry out the service the status of that body changed. It could no longer claim to be a charity entitled to expect free service from doctors.

The F.P.A. is paid by the Department of Health and Social Security. It pays the doctors who work in its clinics. Why should it not pay for the G.P.s' reports, which are apparently an essential part of the service?—I am, etc.,

PETER O'FLYNN

Chairman, Croydon L.M.C.

Croydon, Surrey

Consultant Contract

SIR,—I view with great concern the opinions expressed about the Government's contract proposals (16 November, p. 421) in letters to you and also to me personally by some full-time consultants.

It would appear that they are willing to accept proposals which would place their part-time colleagues at a considerable

financial disadvantage. These proposals show that the part-timer would receive only 80% of the basic salary, be ineligible for any share in the career structure supplements, and also be at a disadvantage with regard to possible extra sessions. This would surely produce a situation wherein the part-timer might be paid only about half as much as