

## ANNOTATION

MANY years ago I obtained a dozen pig's eyes for the purpose of trying different techniques in cataract extraction. Some of the eyes were left over, and my elder son, then aged about 10, wanted to know what they were for. I showed him how to remove a lens and he asked if he could try and succeeded at his first shot. Then he asked me, "Do you get a hundred guineas for doing that on a patient?", to which I replied, "Occasionally". He thought that this would be a good way of earning a living but I thought it would be as well to let him see another side of our specialty. So a few weeks later on a wet Sunday, when the two boys having nothing better to do were being entertained by me in the consulting room, I made the elder work out his younger brother's refraction. It took some time to do and at the end I was asked, "Do you have to do this on every patient?", to which I replied that I had to, on practically all. From that day forward ophthalmology as a future career became less attractive.

This experience brought home to me how deadly dull a whole day spent in refraction work could be, were it not for the endless variety in the characters of those who owned the eyes one was testing and in their responses to the tests one used. An interesting distinction between children and adults is shown in their replies to the familiar question, "Can you see the bottom line?" A child will nearly always say "Yes" or "No" as the case may be, whereas an adult prefers to read the letters aloud if he can see them. The child presumably expects to be believed or has the common sense not to bother himself to read out a long line of letters if he can avoid it, whereas the adult, having been in contact with the world for considerably longer, knows he must prove his statement.

Children's clear-cut logic can be a little upsetting at times. I remember once testing a small boy with the Maddox rod and explaining to him that he would see a red line and a light. I switched the light on and asked if he could see the red line, to which he replied with an uncompromising "No". I then covered the eye which was viewing the light and asked him if he could see the red line, but he still said he could not, so finally I asked him what he could see and he replied, "A red line". I told him that this was what I had been asking him about, and he replied "Oh no, you said I'd see a red *lion*".

The story of the small boy who refused to read the letters because they did not spell anything is too well known to need recital in detail, but occasionally the same thing happens in adults, only in their case the refusal is because the letters, not being clearly seen, appear to spell a word which from motives of decency they refuse to pronounce. One such line occurs as 6/12 in a well-known set of test types.

Annotations in the past have usually carried a moral, but it is difficult to find one here unless it be that even in refraction we can at times "Behold the bright original appear".

## CORRIGENDA

The caption to Fig. 2 in the article entitled "Variant of the Lancaster Diplopia Test" by John Foster which appeared in the *British Journal of Ophthalmology*, 1953, 37, 378, should read "The position of the strip of light projected by the red torch when held by the patient is marked by the red line, and that of the green torch when held by the patient by the green line".

The antibiotic "Aerosporin" (see the footnote to an article entitled "*Ps. Pyocyaneus* Eye Infection" by Marguerite Macdonald, *British Journal of Ophthalmology*, 1953, 37, 371) is manufactured by Messrs Burroughs Wellcome and Co., England.