CORRESPONDENCE

THE "NORMAL" IN THE SYNOPTOPHORE

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—I am glad to see that Mr. Emsley, in his letter in your last issue, confirms the very points that I, in my letter in your February issue, wished to make.

If I had said "qualities (as opposed to quantities) of heterophoria" I should perhaps have been more clear. It is precisely because it is not different "qualities" of heterophoria that the two instruments test, that the failure to check the zero on the synoptophore assumes importance when comparing the instruments.

We should, I think, all agree that the quantity of heterophoria revealed by any test depends upon the method of dissociation used. It depends also upon many other factors, some of which I have tried to examine in an earlier paper (*Brit. Jl. Ophthal.*, p. 142, 1941) to which I would refer Mr. Emsley. My plea is for precision, where precision is possible, for an unchecked instrumental error obscures the very factors it is desired to measure.

Yours faithfully,

NIGEL CRIDLAND.

SOUTHSEA, HANTS.

May 22, 1947.

COLOUR VISION IN THE CONSULTING ROOM

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRs,—In the article by Dr. Neubert on "Colour Vision in the Consulting Room," May, 1947, p. 275. There are several points which require further explanation. The gross incidence of colour defectives is given in 5.5 per cent. which is considerably below the most recent estimates of the condition for the male population (7.8 per cent.). This low incidence may be due to the method of testing, no clear description of which is given. It is important to remember with the Ishihara plates that the light source must be good daylight or the test is of no value. With the Giles Archer Aviation Colour Perception Unit it is difficult to standardise the test, and no mention is made of the Test-Retest

reliability of this instrument on the same subject. This is a fundamental point where comparisons of different apparatus are to be made. In the later stages of the paper a testing lantern with three lights is quoted, but no mention is made of the constitution of this lantern. The only item of its construction which is given is that the source of light was regulated by a rheostat. Now such a method of control prevents adequate control of the light intensity and is also responsible for variations in the colour temperature of the source. Once again there is no reference to the test—retest reliability of the second type of lantern, and without that no useful comparison can be made. Finally, no attempt has been made to determine whether the second lantern is testing exactly the same thing as the first—colour contrast plays a part in the second lantern and not in the first, hence the two lanterns are not testing exactly the same thing.

In the absence of such information relating to the tests reported in this article, the author's conclusions about the relative sensitivity of the single light and the multilight lanterns are rendered invalid.

Yours faithfully,

JOHN GRIEVE.

MEDICAL SCHOOL, DUNDEE.

May 19, 1947.

NOTES

Excerpta Medica WE have received an announcement of this new publication together with the first issue of Section 13 (Dermatology and Venereology). The headquarters are in Holland and the Editor in chief is Dr. W. M. Woerdeman. The intention is to furnish a complete survey of all medical literature in the form of short abstracts. These abstracts are prepared by a staff of 3,000 specialists supervised by 400 editors. No details as to subscription rates appear in the announcement but these can be obtained from 111, Kalverstraat, Amsterdam, C.

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Appointments AT the last Council meeting of the Faculty of Ophthalmologists, Mr. J. H. Doggart was nominated the representative on the Editorial Board of the British Journal of Ophthalmology in place of Mr. Goulden.