cornea. In iridectomies, and in cataract extraction, the conjunctival forceps are out of use during a part of the operation. Some other way of securing the continuance of the close illumination must therefore be found. There are three which I have employed so far:—

1. A helper can hold the lamp on the same forceps, or on the end of a short rod, close to the eye.

2. A lamp fastened to a light eyeglass "finger-piece" by a short flexible wire can be clipped on the patient’s nose.

3. A thin metal disc to which the lamp is attached by a short but flexible silver wire can be fixed by plaster just above the patient’s other eyebrow, so as to allow the lamp to be placed in the most convenient position.

A simple calculation with inverse squares shows that, in the absence of a condensing lens, the cornea is more brightly illuminated by a lamp of 2 c.p. at the distance of half an inch than by one of over 1000 c.p. at the distance of a yard; while with a condensing lens, we have to take into account the focusing of the filament on to one spot of the patient’s retina by an approximately parallel beam of light which introduces an irritating element into the illumination quite out of proportion to its brightness.

Though distant lights may have advantages of their own, especially in large hospitals, some form of close illumination will, I think, repay a trial in view of the following advantages:—

1. Greater economy.
2. Greater portability.
3. Greater kindliness to the patient’s eye. A close light is diffused widely over his retina, with no possibility of the image of the filament being thereon.
4. Increase of the surgeon’s visual acuteness. The smallness of the patch of light on the patient’s eye causes far less chemical waste in the surgeon’s retina than a widespread shine from the whole face and pillow.

**ANNOTATIONS**

**Gunn’s Dots**

Judging from the accounts given of this peculiar appearance of the retina in several recent text-books, there seems to have arisen some misunderstanding. The original description by the late Marcus Gunn appeared in the *Trans. of the Ophthal. Soc. U.K.*, Vol. III, p. 110, 1883. The appearances there described occurred in one family, and are sometimes described as "Crick" dots, from the family name. Gunn described the condition as follows:—

"Very minute yellowish-white shining dots for some distance
around the disc, especially to the nasal side and below. In distribution these dots are remarkably equidistant from each other, and are situated anteriorly to the largest retinal blood vessels, each being less than one-fifth of the diameter of a large vessel; the outline of the disc is rather indistinct, the large veins full and somewhat tortuous. This appearance is most easily seen when the light is thrown somewhat obliquely on the part of the retina to be examined; the dots will then be seen to stand out well near the image of the border of the flame.”

The first to misdescribe them is Frost, in the “Fundus Oculi.” He describes them as occurring at the macula, and figures them in this position in four different plates. Weeks, in “Diseases of the Eye,” 1911, says: “The macula lutea sometimes contains a number of minute spots or granules (‘Gunn’s’ dots) which may be almost black, light-coloured, or glistening.” Beard in Pyle’s “System of Ophthalmic Practice,” says: “In most eyes certain cells or groups of cells in the fovea are transparent, or free from pigment, permitting the red-orange tint of the chorio-capillaris to show as tiny dots. These have been named Gunn’s dots, after the late Marcus Gunn, of London, who first described them.” Oatman in his stereoscopic atlas, “Diagnostics of the Fundus Oculi,” 1913, figures the dots at the macula, and describes it as “a dotted condition of the macula region, first described by Marcus Gunn and since known as Gunn’s dots, or, from the family name of Gunn’s first cases, ‘Crick dots.’ These terms are usually applied to small groups of light-coloured spots situated chiefly at the fovea.” de Schweinitz, “Diseases of the Eye,” 1916, says, in describing the foveal reflex: “This in turn is surrounded by a dark area (the dark spot of the macula), sometimes containing a number of brownish-black or light-coloured or even glistening granules, often called Gunn’s dots, which have no pathologic significance.”

Whether Gunn’s dots have or have not any clinical importance, if considered worthy of notice in text-books, the original description should be followed.

---

**Standards of Vision in Engine Drivers**

Among the many problems, the consideration of which is held up by the war, is the fixing of standards of vision for engine drivers on the railways of this country. We believe the present railway regulations are in a chaotic condition. In some cases the tests are good, both as to form-sense and colour-sense, and the examinations are properly conducted. In other companies no standards seem to be fixed or the examinations are carried through in a most perfunctory fashion. We know the difficulties that have had to be faced in