On the other hand, isolated bright spots of light, such as the luminous crosses on islands (and, in some cases, the rear lights of motor vehicles), may, unless carefully controlled, destroy perspective and may render it most difficult for the user of the roadway to see what is beyond them.

**CONTROLLED LOCAL BRIGHTNESS**

There have been suggestions in regard to various forms of local lighting (e.g., restricted beams of light.) Experience seems to have proved the fundamental value of a uniform level of illumination with, so far as possible, no regions of complete darkness.

The measure of illumination provided by war-time street lighting, though so small, is of appreciable benefit, especially when applied on a large scale. It affords a ground work on which the eye can build up impressions from any extra casual light it may receive.

It would, however, add to amenities in the streets if somewhat higher illuminations, under proper control, or suitably screened, could be adopted locally in certain instances.

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**ANNOTATION**

**The Empty Socket**

It has often struck us as odd that one does not find an ophthalmological subject used as an Inn sign in this country, but we do not know of a single case. Other anatomical subjects occur: e.g., the hand often, the heart, occasionally. St. Peter's finger is met with in one instance. Arms are, of course, frequently found in this connexion, but here the significance is heraldic and not anatomical. The eye is very rarely met with in heraldry as we have observed before.

Care would be needed in giving an ophthalmic name to a pub, for if the house were called the "evil eye" the more superstitious of the village inhabitants would give it a wide berth. And "the squinting eye" would almost certainly become in local parlance the "boss eye" and from that to "boozey," the transition is easy. Hardy would seem to have anticipated in a mild degree our need, for one of the village inns in "Tess" was called the "Pure Drop." We fear that in this case he was thinking of a drop of drink and not of an eye drop.

The late Mr. George Pollock, in lecturing on fractures at St. George's Hospital more than half a century ago, used to tell an apocryphal story of a certain publican who changed the name of his
house from the "crooked billet" to the "crooked arm." This was done to annoy the local doctor who had had a bad result in the treatment of a case of fracture in one of the publican's children. The results on the practice were said to have been disastrous and the doctor had to leave the district. Fortunately for us the eye hardly lends itself to such a theme. We suggest our heading as a possible sign for an inn in the hope that some eminent English artist may feel inclined to draw a portrait of the oldest inhabitant minus one eye.

ABSTRACTS

MISCELLANEOUS


(1) Powell and Smith report their investigations on visual acuity, intra-ocular pressure, blood pressure and ophthalmoscopic appearances of the fundus and disc in 56 patients whose ages ranged from 16 to 62 years, 34 were males and 22 females.

There seems to have been no appreciable change in visual acuity, intra-ocular pressure and blood pressure after lumbar puncture. In 16 patients hyperaemia of the disc was noted, which in most cases the authors state was mild and non-persistent, but in some it was quite marked and persistent. Slight papilloedema was noted in three patients and of these one had no symptoms, one complained of headache and the other had nausea and headache.

H. B. Stallard.


(2) Burke has examined the visual field changes for five years or more in 48 patients with glaucoma who underwent some form of filtration operation, and in none of whom was the intra-ocular pressure above 26 mm. Hg as assessed by a Schiotz tonometer. Subacute, chronic and secondary glaucoma due to uveitis are included in the series. Either Lagrange's operation or Elliot's trephine was performed in all cases.

After a successful filtration operation 50 per cent. showed further