(b) Cases of defective night vision have a poor minimum form sense. Many individuals without defective night vision have a poor minimum form sense.

(c) Measurement of minimum light sense after three minutes dark adaptation in cases of defective night vision does not appear to have much diagnostic significance.

(d) Measurement of minimum form sense after 30 minutes dark adaptation of defective night-vision does appear to be diagnostically useful. There are indications that in such cases a poor minimum light sense is associated with organic disturbance, and a good minimum light sense with functional disturbance, as the cause of the defective night vision. Although the groups examined are not large the data is suggestive and sufficient to indicate further investigations and tentative measures in treatment and disposal.

(e) Dark adaptometers which measure the minimum form sense and not the minimum light sense have a limited usefulness for two reasons. First, there is a great variation in the minimum form sense among non-complainers of defective night vision, and secondly, such instruments cannot help in the discrimination between physiogenic and psychogenic defective night vision in the manner detailed above. It cannot be over-emphasized that this differential diagnosis is one of the main pre-occupations of oculists investigating complaints of defective night vision among large groups of people.

ANNOTATION

The Sins of the Fathers

In the pre-Wassermann reaction days the writer took into hospital for treatment a middle-aged bus driver with a deep patch of keratitis and very marked iritis. He was treated with atropine and hot bathing and was given mercury and iodide of potassium by the mouth. The condition took some time to improve, but after six weeks he was discharged with an eye free from signs of active inflammation, but with a dense corneal nebula. On his first attendance in outpatients after leaving hospital he brought his small son, aged about 9 years, as he wanted to know if his eyes were all right. The latter was a typical congenital syphilitic, with all the usual stigmata, including a patchy peripheral choroiditis. We felt that our exhibition of anti-syphilitic medicaments had been fully justified.