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