10 hours but had disappeared by 24 hours after eyedrop instillation.

Mild burning sensations were reported by 4/15 subjects, but any persistent sensation occurred equally between drug-treated and untreated eyes. Mild to moderate visual blurring was reported by 5/15 subjects, both eyes being equally affected.

**Blood pressure and heart rate.** No clear changes occurred in blood pressure during the course of the day. There was a small increase in the mean heart rate during the day in both the erect and supine positions, but in the presence of an almost unchanged blood pressure this was unlikely to be a drug effect.

**Discussion**

This study has shown that topical bunazosin 0·3% reduces intraocular pressure, though the effect was modest and rather less than that produced by topical β-adrenoceptor antagonists, which usually have a faster onset and greater magnitude of action. There were no significant changes in pulsatile ocular blood flow in this study, but the drug was administered only once. Future studies may show that longer term usage has greater effects on the ocular vasculature and produces important measurable changes.

No serious side effects nor adverse drug reactions were reported, but the drug did induce characteristic features of α-adrenoceptor blockade in the eye, comprising miosis, partial ptosis, and conjunctival hyperaemia. These cosmetic effects are likely to influence compliance in clinical usage, but longer term studies in glaucoma patients are needed to find out if the magnitude of the ocular hypotensive action is sufficient to overcome this disadvantage.

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**References**


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**FIFTY YEARS AGO**

**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.

Annotation in *Br J Oph-thalmol* 1941; 25: 130-1.