among our cases; we have seen them in only 3 patients. In each instance they occurred in both eyes, chiefly towards the internal and external canthi. The blood appeared to be deeply situated, rather in the episcleral than the sub-conjunctival tissue. In no case have we discovered evidence of orbital or intra-ocular haemorrhage.

The authors conclude this interesting communication by clinical notes of five selected cases, in two of which charts of the temperature and pulse rate are given. The ocular lesions in these five cases were: Case 1, irido-cyclitis; case 2, iritis; case 3, iritis and optic neuritis; case 4, iritis and retro-ocular neuritis; case 5, ocular herpes.

A list of recent literature on spirochaetosis ictero-haemorrhagica is appended.

J. B. Lawford.

Qualifications in Ophthalmic Surgery

There is now a more or less general feeling amongst ophthalmic surgeons that there should be some degree or qualification commensurate with the position which they hold in the profession.

The present system of education of an ophthalmic surgeon ensures a general knowledge of surgical principles and pathology, but does not necessarily ensure a knowledge of ophthalmic surgery, the science and art in which he is subsequently going to practise. For example, a young man decides that he will practise as an ophthalmic surgeon in the metropolis. After spending at least five years in qualifying, he has to obtain his F.R.C.S. (England), as this is the only qualification which will entitle him to become a candidate for practically any special or general hospital in London. The same qualification is also required in many of the big provincial centres. It will take him an additional one or two years to accomplish this, so that, having spent seven years upon his medical education he will have to start his ophthalmic training which, it is generally recognized, should comprise at least two years' work at a special hospital. It will, therefore, be some eight or nine years at least before he is fit to practise as an ophthalmic surgeon.

During his first seven years there is little to stimulate the student to do ophthalmic work, and he is not likely to do more than the very meagre minimum of three months' attendance in the ophthalmic out-patient department of a general hospital. This attendance is often of a perfunctory nature, nor is it likely that there will be any alteration in this respect until ophthalmology becomes a recognized part of the qualifying examinations of Great Britain as it already is in Ireland.
Ophthalmology has now become such a large and highly specialized subject, and from an operative point of view so purely limited by the confines of the orbit that it is not necessary for a man who is going to practise in this subject to have more than a sound general knowledge of surgical principles and it would be more directly useful to the future ophthalmologist if the time which he now devotes to the higher examinations in surgery, such as the final F.R.C.S., and M.S. (Lond.) were given to the study of ophthalmology, and an examination in that subject in part substituted for it. Indeed, at the present time, the Examining Board of the Royal College of Surgeons does not often ask ophthalmic questions in its examination, as there are no ophthalmic surgeons on the Boards of either the membership or fellowship examinations; a curious anomaly, since ophthalmic surgeons look on the latter diploma as essential for the appointment to the staffs of ophthalmic hospitals in London.

The demand for a qualification in ophthalmology has manifested itself in America by the establishment of an American Board of Ophthalmic Examiners appointed by the Joint Councils of the American Ophthalmological Society, and the American Academy of Ophthalmology and Oto-laryngology and the Ophthalmic Section of the American Medical Association. Recently a Fellowship of the American College of Surgeons has been established, and there have been applicants who have claimed eligibility upon the ground of their having knowledge in ophthalmic work. The Ophthalmic Board have entered into negotiations with the authority of the College which agreed to leave the Board in control of all ophthalmic examinations of such candidates.

The desire amongst ophthalmic surgeons in America for this qualification may be gathered from the fact that there are now several hundred applicants awaiting examination in ophthalmology to determine their fitness for the Fellowship of the College.

In Scotland the regulations for the Fellowship of the Royal College of Surgeons of Edinburgh allow of a special subject to be taken in the final examination and ophthalmology is one of them.

In England a diploma in ophthalmology has been established at Oxford, but this involves attendance on the University courses. A similar diploma has also been instituted at Liverpool. In London the only strictly ophthalmic examinations which are held are for a special Certificate at the Royal London Ophthalmic and Central London Ophthalmic Hospitals. It would be far better if some examining body, such as the Royal College of Surgeons or the London University, would institute an examination for a Fellowship or Mastership of Surgery in this subject, rather than allow a number of subsidiary examinations to spring up.

The establishment of such an examination would have far-reaching consequences. First, it would allow the time which is
now spent by the student in learning regional surgery to be devoted to his own speciality. Second, it would ensure that an ophthalmic student had some knowledge of his own subject. Third, it would improve the teaching of the subject in the medical schools attached to the ophthalmic hospitals. Fourth, far more time and attention would be devoted by the student to the study of the special pathology and bacteriology of his subject and more original work would be produced. Further, departments for the teaching of optics and the study of the psychology of vision and other allied subjects which are now almost entirely neglected might well be introduced, and general advancement in the knowledge of ophthalmology would thus result.

We do not propose at present to suggest the details of such an examination, but in the case of the Royal College of Surgeons we have a precedent in the case of the examinations in dentistry. It is clear that a far higher knowledge of general surgery and pathology is required by the ophthalmic surgeon than by the dentist, and that the qualifying examination, the first fellowship, and that part of the final relating to general surgical principles and pathology should be retained, and a special paper and a *viva voce* in ophthalmology, both clinical and operative, should be substituted for regional surgery. Following the precedent of the dental examination special examiners in ophthalmology should be appointed together with a number of assessors from the Court of Examiners so that the standard of the examination may be kept up.

As these ophthalmic examiners would probably not occupy a seat on the Council of the College, the American precedent might be followed; that is to say, the Council of the College might ask a joint committee of the Ophthalmological Society of the United Kingdom and the Ophthalmic Section of the Royal Society of Medicine to nominate examiners, or some such standing committee of ophthalmologists as was suggested in this Journal last year (p. 678).

We are sure it will be agreed by all who have studied this subject that some such scheme as the above would be advantageous both to the profession and the general public.

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**The Welfare of the Blind**

By the courtesy of Mr. N. Bishop Harman, some interesting correspondence has reached us dealing with the action taken by the British Medical Association to secure the appointment of ophthalmic surgeons upon the English Advisory Committee of the Local Government Board on the Welfare of the Blind. In view of the fact that the Local Government Board had failed to include any medical practitioner on the Committee, it appears that in December
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