When the names of medical practitioners are thus dragged in or a press interview is falsely suggested it seems desirable that stern action should be taken against the offenders, but otherwise a policy of dignified silence would be more proper and we hope eventually effective.

It is hoped that in course of time public disgust for that section of the press which violates the laws of scientific truth and accuracy will solve the problem and with the cessation of the supposed demand for this type of news such pseudo-scientific effusions will disappear for ever.

The problem of enlightening the public on matters of medical and scientific progress through the medium of the press presents many difficulties. If such is considered desirable, and there is a good case for public education in matters of preventive medicine, hygiene and public health, it would appear that in the interests of professional conduct these articles should be contributed by some recognized body of the profession rather than by individuals. It is very questionable whether it is wise to attempt the instruction of the layman on medical matters other than the elementary facts about the mainstane of good health and some knowledge of first aid. The home medicine chests and books containing directions for domestic treatment have probably been a great source of public danger to many who have been victimized by their contents. The incidence of general peritonitis, often with fatal consequences, caused by the liberal administration of castor oil in cases of appendicitis, and seriously impaired vision caused by the attempts at removal of foreign bodies by well meaning but unsuitable persons are cases in point.
since the time of Tobias Mayer (1754). The scope of these investigations has been greatly extended in recent years due to improved experimental technique, and the effects of illumination on visual acuity are now known for a wide range of values. Given good conditions there is no doubt that the acuteness of vision improves with increasing illumination up to values encountered in daylight in the open air; it is desirable therefore to fix an arbitrary value as the standard. A value of ten foot candles is recommended, and this figure has the advantage that it is in the region of a well-lit interior at night. Small variations from this figure will not have a great effect on visual acuity, and are not so serious as the errors commonly found in the dimensions of test types. A fall of say five foot candles from the recommended value will lead to a greater change in visual acuity than a rise of five foot candles.

There is, however, no doubt that this minimum is by no means always ensured under the actual conditions in which the testing of candidates for military or other public services occurs. Apart from the fact, which should be borne in mind, that the test types often do not conform to Snellen’s criteria, they are frequently dirty, thus diminishing contrast, are varnished, thus giving rise to disturbing direct reflection of light, and are viewed under very great variations of daylight, in rooms often ill-suited for the purpose.

It is possible to lay down precise and simple rules for the efficient illumination of test types, and we see no reason why these rules should not be generally adopted. For the public services it is in our opinion unfair to the candidates, and detrimental to the services themselves, that the examinations should take place under unsatisfactory, and often hurriedly improvised, conditions. The testing of visual capacity is now an essential part of the physical examination of candidates for a large number of the public services, such as the Navy, the Army, the Mercantile Marine, the Indian Civil Service, and so on. We are of opinion that these tests should be conducted under approved conditions, and that this object would be best attained if the examinations were held at properly equipped centres.

We fully recognize that variations of visual acuity arise from many causes other than the actual illumination of the test types, such as the condition of retinal adaptation, contrast between the test object and its background, the size of the pupil, lateral illumination, and so on. We think, however, that these effects can be minimized sufficiently for practical clinical purposes if the testing takes place in a moderately well illuminated room, with the test types efficiently lighted, and with the careful elimination of any glaring lights or bright objects from the candidate’s field of vision.
We consider that the requirements are sufficiently well-satisfied by the following means:

Two 25 watt internally frosted (Pearl) lamps are fixed vertically 15 inches in front of the plane of the test card, one on each side, at a horizontal distance of 12 inches from the vertical plane normal to and bisecting the card. One lamp is placed higher than the other, one being opposite the junction of the upper and middle thirds of the card, the other opposite the junction of the middle and lower thirds. Opaque screens, preferably cylindrical, having a matt white interior, should be mounted behind the lamps so as to direct the light on to the chart and also prevent direct light from the lamps reaching the candidate's eyes.

This method ensures:

1. Sufficient illumination. With new lamps the illumination on test types will be of the order of 14 foot candles. The ordinary variations of current, deterioration of lamps, and the darkening of the test card with age will not reduce the brightness of the test card so illuminated to a value less than that of a perfectly white surface receiving an illumination of 10 foot candles.

2. Sufficient uniformity of illumination. Whilst we are aware that the same result can be achieved by the employment of properly designed and carefully placed reflectors we have had to recognize in making these proposals that the testing of visual acuity must often be carried out in circumstances which do not admit of the use of special lighting arrangements, requiring technical skill in their installation or upkeep. We have, therefore, endeavoured to prescribe a method of ensuring the necessary illumination which is simple to erect, is not liable to become deranged by subsequent treatment, and which enables ordinary lamps on the market to be employed.

Where electric light is not available a similar arrangement can be installed, using gas lamps.
Daylight Illumination.—There is no theoretical objection to the use of diffuse daylight so long as the illumination on the test types is adequate, i.e., does not fall below 10 foot candle. In cases of doubt, it would be necessary to apply tests requiring the skilled use of some form of photometer. We are therefore of opinion that, in order to secure uniformity and comparable results, artificial illumination should in general be used, and invariably in testing for the public services.

We therefore make the following recommendations:—

I. The Test Types.—The test types shall be of the dimensions laid down by Snellen, and printed on a matt white surface.

II. Illumination.—

a. The minimum illumination on the test card shall be such that its brightness shall be equivalent to that of a new card illuminated to at least 10 foot candles;

b. The illumination of the test types shall be as uniform as possible;

c. Artificial illumination shall be used in preference to daylight;

d. The testing room shall be moderately illuminated, and care shall be taken that there are no glaring lights or bright objects in the candidate’s field of vision;

e. Extreme contrast between the illuminated test card and the background shall be avoided.

III. Method of Lighting.—

a. The method of lighting described in this report shall be in general adopted.

b. This method shall be made compulsory for sight testing in all public services.

ABSTRACTS

MISCELLANEOUS


Agranulosis is a form of severe leucopenia, the disappearance of the polymorpho-nuclear cells being a special characteristic. Other granular white blood cells, the eosinophils and mast cells