Visual Standards for the British Army

To the Editor of THE BRITISH JOURNAL OF OPHTHALMOLOGY

SIR,—In the January number of the BRITISH JOURNAL OF OPHTHALMOLOGY appears a Report of the Committee appointed by the Council of the Ophthalmological Society to consider "The Standards of Vision desirable for the performance of different duties in the British Army." It is stated that "this report will be presented at the next meeting of the Society in May, 1918, and will then be open to discussion."

As there is no likelihood of my being free to attend that meeting, a small criticism may now perhaps be permitted.

At page 37 it is suggested that the standard of vision for general service should be :—

"At least 6/24 with either right or left eye without glasses, and at least 6/12 with the right eye, aided, if necessary, by glasses." "The strength of the correcting lens in the case of sphericals should not exceed 8 D., of simple cylindricals 4 D., and of the highest meridian in combined sphero-cylindricals 8 D." This suggestion means that, if the left eye has an acuity of at least 6/24 without glasses, and if the right eye can be improved to 6/12 with the strength of lenses allowed, such a case is fit for general service, or Grade I with glasses.

The following two cases, which were examined, under the dates given, at a Medical Recruiting Board, will demonstrate that this suggestion, if not altogether wrong, should, at all events, be differently expressed :—

I. June 23, 1917. T. B. H., farmer, aged 26 years. R.V. = 3/60, with — 6 D. Sph. = 6/9. L.V. = 6/6 partly.

NOTE.—Right eye is divergent; not a suitable case for spectacle classification or grading; no binocular vision. But according to the above suggestion, this recruit should be put in Grade I with glasses which are "necessary" to obtain the standard for the right eye.

II. July 2, 1917. W. R., shipowner, aged 44 years. R.V. = 4/60, with — 4 D. Sph. = 6/6. L.V. = 6/6.

NOTE.—This man's eyesight gives him Grade I with glasses, which, however, he would probably be unable to wear.

The only alternative interpretation of the suggested standard is to consider glasses unnecessary in these two cases, and adopt the view that it is intended to accept left-eyed men for general service. If this be so, then the wording of the standard should be remodelled, and should be much more clearly expressed.

The same criticism in proportionate degree, applies to suggestion

III, page 37—the proposed standard for garrison duty at home or abroad.

Yours, etc.,

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January 3, 1918,

The Collective Treatment of Ophthalmia

The Editor THE BRITISH JOURNAL OF OPHTHALMOLOGY.

SIR,—I have read with interest in your December number a note on the collective treatment of cases of ophthalmia neonatorum, with a description of the steps that are being taken at the present time to make provision for such treatment in London.

Two points are emphasized :—First—to avoid separating mother and baby. Second—to have on the staff physicians who are well versed in the care of women who have been recently confined. May I put before you the experience of the Massachusetts Charitable Eye and Ear Infirmary of Boston, U.S.A.? This institution for some years past, sixteen according to my recollection, has maintained a special building for contagious cases. Here, about one hundred and twenty-five cases of ophthalmia neonatorum are treated each year. When it is possible for the mother to leave her home, she is encouraged to enter the hospital with her baby. However, in many instances, among the poorer classes, it is impossible for the mother to leave her home, but we are nearly always able to induce her to visit the hospital, two or even three times daily, for the purpose of nursing her baby, if she does not live too far away. When the mother lives at too great a distance to make visits to the hospital possible, we have often been able to have her milk drawn from the breast and sent to the hospital each day.

I should state that all these cases are visited by workers from our Social Service Department, who explain to the family the exigencies of the case and arrange the necessary details in the home.

In regard to your statement that there should be on the staff physicians skilled in the management of women recently delivered, I presume this includes skill in the care and feeding of infants as well. You, yourself, Mr. Editor, have pointed out that a considerable percentage of infants affected with ophthalmia neonatorum are weak and puny. Our experience has led us to place all our cases of this disease under the daily supervision of an expert paediatrician. Before adopting this course our mortality had been unduly high.