Optometry in Ontario

From an article by Dr. John Ferguson in a recent number (May, 1918) of the Canada Lancet, we gather that Mr. Justice Hodgins, who was commissioned to enquire into medical education in the widest sense of the words, as well as into "the present position, status, and practice of osteopaths, dentists, nurses, opticians, optometrists, chiropractors, christian scientists, or others practising or professing medicine," has issued his report. In this place we can glance only at the views and recommendations of the Commissioner upon optometry, to which we are confident that the medical profession will take, and rightly take, serious exception. In dealing with this branch of the enquiry, the report states that in Ontario there are only sixty-five men who specialize in ophthalmology, while there are nine hundred who practise optometry. It explains the number of optometrists by the fact that the course so far required for optometry has been so short and easy that many have taken it, and attached the business to that of a jeweller. On the other hand, his lordship remarks, "that in a medical education there is no sufficient specific instruction in this branch. . . . This should be remedied." He comments upon the circumstance that few medical men are able to do refraction with accuracy, and on that score explains why this field of practice has been so extensively invaded by the poorly trained optician and optometrist. After referring to the need of better training in ophthalmology for medical men, Mr. Justice Hodgins says he sees no reason why optometry should not acquire a definite status "if it is willing to do so at the cost of such liberal education as will fit its practitioners for their work." He goes on to state, "It is quite possible to insist upon adequate education in physics and optics, apart from a complete medical education, so as to enable those possessing it to measure and design the lenses required for defective eyesight in ordinary cases. In the instances where the effect is based upon other causes than those usually found to exist, the procuring of glasses may, by affording temporary relief, postpone to the patient's detriment the treatment properly required, but these cases are comparatively rare. The difficulty can be met in large measure by adding to the course in physics and optics sufficient instruction in medicine to enable abnormal conditions to be distinguished either at once or speedily, and sufficient protection is afforded by a provision to this end in any legislation affecting what is called optometry." It is suggested that the course for optometrists might be one of two years, and that the object aimed at should be threefold: (1) Sufficient knowledge of medicine to detect disease in the body disclosed or indicated by the eye. (2) Acquaintance with the physiology and pathology of the eye itself adequate to recognize local
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disease, and (3) a thorough knowledge of practical optics and refraction. It is pointed out that there are ample facilities for the required instruction at the Universities of Toronto, Kingston and London, and at the Toronto Technical School. Finally, the report recommends that all who at present practise optometry should be required to pass the suggested examination within six months.

ABSTRACTS

SYMPATHETIC OPHTHALMITIS

(1) Meller, J. (Vienna).—On the histology of the exciting eyes in the onset of sympathetic ophthalmia after enucleation.


(1) Meller gives an account of seven cases, some of which have been published previously, in which sympathetic ophthalmia followed at varying intervals after the removal of the injured eye. The main points of the cases are as follows:

CASE 1.—Enucleation eighteen days after injury; sympathetic ophthalmia twelve days after enucleation ran a severe course. Removed eye showed septic endophthalmitis, abscess in vitreous, choroid free, infiltration in iris and ciliary body, not typical of sympathetic.

CASE 2.—Enucleation thirty days after injury; sympathetic ophthalmia twenty-seven days after enucleation ran a severe course. Histology that of a serous iritis. Uncharacteristic infiltration of iris (everywhere penetrating the pigment layer) and ciliary body. Quite small nodules of lymphocytes in choroid. Neuritis.


CASE 4.—Enucleation thirty days after injury; sympathetic ophthalmia nineteen days after enucleation ran a severe course, but final result was good. Histology, lymphocyte nodules in posterior layers of iris and ciliary body as well as the anterior part of the choroid. No epithelioid or giant cells. Slight endophthalmitis. Neuritis.