The Council appointed the following Committee to review and report on the Standards of Vision required of Candidates for Scholarships and Teacherships under local Educational Authorities which have been in force since 1924:—The President and Hon. Secretary (ex-officio), with Sir Arnold Lawson, Messrs. Percy Flemming, Bishop Harman, A. C. Hudson, P. G. Doyne, W. H. McMullen and Dr. Wiley.

COUNCIL OF BRITISH OPHTHALMOLOGISTS

Report on Standards of Vision for Candidates for Scholarships and Teacherships under Local Educational Authorities

The Council of British Ophthalmologists

The Scientific Meeting

Held at the Semiramis Hotel, Cairo, on December 10, 1937.

(1) Introductory address by the President, Mr. MacCallan.

(2) The microbiological aetiology of trachoma:—

Reporters: Dr. Phillips Thygeson, Prof. Dr. Grütter, Prof. Dr. Oguchi, Drs. Cuénod and Nataf (in their absence an abstract was read by Dr. Farhat), Dr. Röth, Dr. Julianelle (in his absence an abstract was read by Major Stewart).

Discussion: Major Stewart, Prof. Dr. Igersheimer, Dr. Taborisky, Dr. Postic, Prof. Dr. Favoloro, Dr. Gomez Marquez.

(3) The pathology of trachoma:—

Reporters: Dr. Wilson, Prof. Dr. Michail, Prof. Dr. Mulock-Houwer, Prof. Dr. Pascheff, Dr. Busacca.

Discussion: Prof. Dr. Lauber, Dr. Röth.

(4) The treatment of trachoma:—

Reporters: Dr. Sobhy Bey, Dr. Shimkin.

Discussion: Prof. Dr. Sabadini, Prof. Dr. Preciosi, Dr. Narog, Dr. Gomez Marquez.

(5) Independent communications:—

Prof. Dr. Motegi: “The epidemiology of trachoma in Japan.”
Dr. Lijo-Pavia: “Trachoma among school children in Buenos Aires.” (Abstract read by Dr. Bertotto.)

Discussion: Prof. Dr. Barriere, Dr. Sena.
Dr. Zachert: “Application of the ophthalmoscope for the diagnosis of trachoma.”
Dr. Sarnelli: “Influence of radiation on trachoma.”

Discussion: Prof. Dr. Parparcone.
Dr. Jacovides: “My ideas on trachoma.”
Dr. Hassouna: “Treatment of trachoma by tuberculin.”
Dr. Charamis: “Plan of a new ophthalmic hospital at Athens.”
The following report has been agreed upon and is being issued to the Authorities.

In the interests of the community and of the individual it is important that scholarships and teacherships should not be granted to candidates suffering from such ocular defects as may be aggravated by long-continued study and lead to inefficiency or incapacity later in life. It is, therefore, advisable to establish, if practicable, standards of vision which shall exclude unsuitable candidates. At the same time standards should not be fixed so high as to exclude any appreciable number who might in practice prove fit.

The average age of entry upon a junior county scholarship is 11 years; the holder is transferred to a secondary school for five years. Supplementary scholarships are awarded at about 13 years of age, and are held for three or four years at a secondary school. Intermediate scholarships are granted at about sixteen for two or three years. Senior county scholarships are granted at the age of 18 years, and are tenable at a university for three or four years. Prospective teachers undergo training at a college between the ages of 17 and 20 years.

The error of refraction presenting the greatest difficulty in reference to education is myopia.

Myopia is found in about 10 per cent. of children at the leaving age in elementary schools, and in about 10 per cent. of these myopes it becomes a serious defect; in the remaining 90 per cent. of the myopes the defect causes little inconvenience apart from the necessity for wearing glasses. It is generally agreed that in many persons prolonged near work on fine objects under comparatively poor lighting is a cause of myopia, or aggravates existing myopia, especially where astigmatism is present. If preventive measures are to be initiated, and the selection of individuals likely to become unsuitable for such special duties as teaching is to be avoided, it is necessary to determine at as early an age as possible the unfavourable cases. In elementary schools cases of myopia of considerable degree are found in infants under seven years of age, but the first routine test of vision is not made until the children are about eight years old. Of the cases examined at this age, and sent to clinics, some with diminished visual acuity and considerable myopia are transferred to myope classes; others are ordered glasses and return to school, but usually no sufficient effort is made, either at the clinics or at the schools, to warn parents regarding the future of these children.

At the age of eleven the child either is left to continue his education in the elementary school until fourteen years of age, or goes, frequently by means of a scholarship, to a school giving higher education of a more intensive kind. Successful scholarship
candidates are then medically examined, and the first administrative difficulty arises in the elimination of those to be deemed medically unfit.

A child of eleven with 5 dioptres of myopia would by most authorities be deemed unfit for a scholarship. He must continue at the ordinary school, or, exceptionally, go to a myope class. A child of this age with 2 dioptres of myopia would be deemed fit for a scholarship. Between these limits of 5 and 2 dioptres of myopia a decision has to be given on many difficult cases. Many young myopes have good visual acuity with correcting glasses, and apparently healthy fundi, yet their defect is often progressive. The determination in all young myopes of the rate of progression is most important. The previous history, however, is often defective. It may be known that the child has worn concave glasses for some time, or, at best, there may be a record that vision was tested at the age of eight and found normal. More accurate records would be of great value, and it is desirable that such should be kept.

Astigmatism of considerable amount may cause want of efficiency, especially in those engaged in an occupation such as teaching, which involves much close or fine work. With very high degrees of this defect, visual acuity, even with correcting glasses, is usually subnormal.

The recommendations of the Council are as follow:—

**Visual acuity.**—In all candidates for scholarships and teacherships visual acuity, with correcting glasses, should not be less than 6/9 in the better eye.

**Myopia.**—A child of eleven with not more than 4 dioptres of myopia in the better eye should be passed for scholarship training; and children with a higher degree than 4 dioptres should be referred to an ophthalmic surgeon for an opinion as to fitness.

At the age of fifteen those with not more than 5 dioptres in the better eye should be deemed fit to train for the teaching profession. Those with higher degrees than 5 dioptres should be referred to an ophthalmic surgeon for an opinion as to fitness.

Candidates for entry to training colleges, who are as a rule about eighteen years of age, if they have not more than 6 dioptres of myopia in the better eye should be accepted. Those with higher degrees than 6 dioptres should be referred to an ophthalmic surgeon for an opinion as to fitness.

Special attention should be given to the physique and general health of all myopic candidates. A border line case associated with poor physique should be rejected as the risks of increase in myopia are greater in such cases.

**Special cases.**—If there is only one eye, or if there is only one useful eye, the other being amblyopic from conditions which in no
way affect, nor are likely to affect the good eye, the case should be judged on the condition of the good eye.

In the case of candidates for university and technical senior scholarships, or those intending to specialise as teachers of certain technical subjects, greater latitude may be allowed after consideration of special circumstances as to nature of work, condition of the candidate’s eyes in other respects, etc.

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BOOK NOTICES


Volume LVII of the Transactions of the Ophthalmological Society of the United Kingdom has been divided into two bound parts. Part I contains a list of the Society’s Officers and Council, Honorary Members, the general list of members, the rules and the papers read at the Annual Congress, and the annual lectures and papers read before the North of England Ophthalmological Society.

In this part there is also the valuable and interesting Presidential address which was given by Dr. Gordon Holmes on the prognosis in papilloedema.

Among the scientific contributions those of Professor Woollard, Dr. Lythgoe and Dr. Goodeve deserve special mention.

The discussion on the rare forms of keratitis is of interest, so are Professor Ballantyne’s lectures on modern methods in ophthalmoscopy and the evolution of retinal vascular disease.

We hope to publish abstracts of some of these papers during 1938.

Part II will contain the papers read before the Oxford Ophthalmological Congress (including the Doyne Memorial Lecture) and the transactions of the other Affiliated Ophthalmological Societies.


Volume III of Post-Graduate Surgery contains Parts XVII to XXXIX, the majority of which are concerned with special departments such as obstetric surgery, ophthalmology, orthopaedics, otorhinolaryngology, plastic surgery, odontology, venereal diseases and others. There is also an interesting account of the medical aspects of surgery, physical medicine and deep X-ray therapy. The whole work is admirably produced and the illustrations are especially good. It it almost inevitable in the compilation of such a work that some lack of balance should occur.