

THE TABETIC PUPIL

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—A few days ago I re-read a paper written by me and printed in the March (1941) number of your journal—the paper is entitled the Tabetic Pupil.

I was disappointed to discover that it contains a gross neurological error. Although this mistake does not affect the discussion, or the conclusions arrived at, yet in my opinion it does detract from the merit of the paper as a whole.

I would therefore be obliged if you would publish this letter of explanation. When dealing with the proprioceptive impulses from the ocular muscles during accommodation I placed them as travelling in the motor ocular nerve.

This of course is incorrect—they pass in the ophthalmic division of V and reach the motor oculi nucleus via its mesencephalic root. I do not know whether this function has been attributed to this root or not—but to suggest such a function to some extent clears the mist of obscurity which surrounds the somewhat nebulous description of its function given by some text books.

Yours faithfully,

PERCIVAL W. LEATHART.

2, HOWBECK ROAD, BIRKENHEAD.

November 7, 1941

THE DEMANDS OF THE SERVICES

To the Editors of THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIRS,—The demand for ophthalmic “specialists” in the services is one of considerable urgency and is certain to increase. It is greatest in the army not only because of the latter’s impressive size, but also because, even since the recent revision in standards of vision, it has undergone and is still in process of undergoing a revolutionary development towards mechanisation. The old army standard was based on the minimum visual requirements of the infantryman and, although there are now seven standards of visual acuity, some at least of these still represent little or no advance on the old standard. Every soldier should be able to spot an aeroplane at the earliest possible moment, yet Standard V, in which the corrected vision of each eye is only $\frac{6}{24}$, if in fact it does refer to

soldiers, for there is no indication as to which branch of the services each standard applies, seems to me to fall short of this requirement.

Everyone who has done any stalking or big game hunting has experienced the fatigue of scouring the country throughout long periods with field-glasses, yet the gun-layer in the artillery spends the whole time during a shoot looking through his telescope, possibly for 20 minutes or so without a break. Various instruments of precision, such as directors, range-finders, and telescopic sights, to say nothing of sound location, radiolocation, signals, searchlights, and in addition the intricate mechanism of modern guns and internal combustion engines, make great demands on the visual acuity of the soldier, and readily induce ocular fatigue. The degree markings on scales are often very fine and need very close scrutiny. Map reading in the dark by the light of an electric torch is an experience most of us have endured in the blackout. Finally, all these operations may have to be undertaken while wearing a gas-mask.

It seems fair to conclude that in the modern army repeated refraction work and re-grading of the men are constantly necessary. To add to the difficulty, there is some reluctance on the part of regular medical officers to specialize in ophthalmology. There is too much routine refraction examinations and relatively too little of the more interesting surgical and clinical work. Thus, the ophthalmic surgeon's time, energy and services are deflected from his proper sphere of ministering to the needs of the civil community, and relegated to a type of work in which his special skill and experience are largely superfluous.

I venture to propose the following solution. We have throughout the country a large number of men who have had some training in elementary optics and in the general principles of correcting errors of refraction—the sight-testing opticians. Out of this pool suitable men could be recruited to work under the direction of a surgeon, after undergoing a preliminary course specially designed for them. They would constitute, in effect, yet another ancillary profession. A team, comprising one surgeon and a group of ancillary opticians, could get through a large amount of work, the latter, under supervision, plotting fields, doing dark adaptation tests, estimating muscle balance and refractions, and perhaps undertaking orthoptic training. I suggest that the opticians should have Warrant Officer rank, with the prospect of promotion to commissioned rank as Second Lieutenants, R.A.M.C.

The problem of the sight-testing optician is one of many that, through neglect, have become almost insoluble, which we have inherited as a result of the perverse indifference of our predecessors. The present position is most unsatisfactory and there is general agreement that statutory recognition of the *de facto* status of opticians, which is the political aim of the latter, would simply make

a bad position worse, while to drift on as we are doing is itself a confession of surrender, and can but lead to the eventual victory of the other side. It may be argued that my proposal does in fact give statutory recognition. That the future will decide. In the meantime the course I suggest does neutralize the worst consequences of official recognition in that the optician works, not independently, but under the supervision of an ophthalmic surgeon; it does meet an urgent war need; and it may create later an entirely new situation in terms of which the lines of future policy may more clearly be discerned. I realise that there are difficulties, which I do not propose to discuss at this stage, but I feel also that, as a war-time experiment on an adequate scale, such a proceeding is clearly justifiable.

Yours very truly,

A. RUGG-GUNN.

18, HARLEY STREET, W.1

November 13, 1941.

OBITUARY

DR. JAMES KERR

DR. JAMES KERR, whose recent departure from this life of ours is recorded on October 5, was not an ophthalmic surgeon. But there has been no member of our profession in the past fifty years who did more for the preservation and assistance of the eyesight of our fellow countrymen than did Dr. James Kerr.

His record is brilliant indeed. He was born in Glasgow. From there he went to Manchester Grammar School. Thence he went to St. John's College, Cambridge, with a science scholarship. He justified that scholarship, for he got first class honours in the Natural Science Tripos. Then he went to St. Bartholomew's Hospital in London as a senior science scholar. He gained all his degrees, and the D.P.H. at Cambridge.

He started practice in Bradford, and soon got on the staff of some of the hospitals there. One of these was the Bradford Eye and Ear Hospital. In that city he became linked with school work, and was made medical superintendent of the Bradford School Board. He did a fine piece of work in organising a school medical service. That brought him to London, where he was the first medical officer of the old time London School Board; which ultimately was absorbed into the London County Council. In that