by our method sufficed in a large proportion of patients (89 cures, 15 improvements in 117 cases) to bring about the desired result, whereas he, employing his own method, has to see the patients for a quarter of an hour every day for a month. Such a procedure is obviously possible in Johannesburg, or it would not have been carried out in two thousand patients, but it would be extremely difficult in London, and probably impossible in most cases.

Many other points might also be commented upon, e.g., whether the work should be done by an orthoptic trainer, or by an ophthalmic surgeon. My own feeling in favour of the orthoptic trainer seems to have been justified by results, and I do not see how anyone who has satisfied the examiners of the Orthoptic Board, can fail to have acquired enough knowledge of ophthalmic physiology to employ intelligently, the methods we have for increasing convergence power. In my own cases, what we aimed at was the voluntary production of diplopia by convergence, because we found that the patients tended to relapse when they had only been taught how to overcome the diplopia produced by prisms base out.

May I conclude, Sirs, by once again congratulating Dr. Stutterheim on his pioneer work, and by stating that our object was to amplify this and not to stultify it.

Yours faithfully,

F. A. WILLIAMSON-Noble.

THE EDUCATION OF AN OPHTHALMIC SURGEON

To the Editors of The British Journal of Ophthalmology.

Dear Sirs,—The Education of an Ophthalmic Surgeon, which involves the whole problem of medical education, including therein the curriculum and qualifying and higher examinations, is too large a subject to be dealt with adequately in a letter. Mr. Gayer Morgan has very ably brought forward some points of fundamental importance; and it is possible that, at a time when reformation and reconstruction of medical practice, as well as of other social affairs, are universally acknowledged to be imperative, more success may perhaps be attained than in the past.

When the D.O.M.S. was instituted twenty or more years ago, I was myself afraid that it might be regarded as sufficient evidence of ability to fulfil all the functions of an "ophthalmic surgeon." I therefore strongly urged the institution of a higher conjoint diploma. Realizing that the designation "ophthalmic surgeon" is a misnomer, and that the ophthalmologist should be a physician as well as a
surgeon, I thought that a diploma of the Conjoint Colleges was more logical than any ad hoc revision of the F.R.C.S.—though I was prepared to accept this as better than nothing. I think the College of Surgeons was approached by the Ophthalmological Society: in any case it is a fact that Mr. Herbert Fisher, who was then a member of Council of the R.C.S., Mr. Treacher Collins and myself had a conference with the Council and put forward our views. My suggestion was not as strongly supported by my colleagues as I had hoped, and it received little consideration. I then supported an alternative—that the F.R.C.S. final examination should be on the lines of the Edinburgh F.R.C.S., allowing ophthalmology as a special subject. I emphasized that the papers on pathology and general surgical principles should be as stringent as heretofore, but that the examination in surgery, including operative surgery, should be confined to ophthalmology, and that, in addition, there should be a thorough examination in optics and ophthalmic medicine. This suggestion was also turned down. Nothing must be allowed to sully the sanctity of the F.R.C.S. The Council were, however, prepared to make a concession. There should be a F.R.C.S. in ophthalmology, but it should be open only to candidates who already held the ordinary F.R.C.S. This remarkable recommendation was passed, and the F.R.C.S. (Ophthalmology) was instituted. Mirabile dictu, one candidate took the examination, and passed. I think I am right in saying that this is the only occasion on which the examination has been held; and the F.R.C.S. (Ophthal.) has retired into the limbo of well-deserved obscurity.

Times have changed, and it is possible that the Colleges might now be willing to institute a Conjoint Fellowship in Ophthalmic Medicine and Surgery. It should be an examination of the same status as the F.R.C.S., ensuring that the successful candidate has a thorough knowledge of the fundamental principles of pathology and surgery, as well as of every branch of ophthalmic medicine and surgery.

I regard the education of the “ophthalmic surgeon” as essentially a post-graduate subject. There are ophthalmic conditions which every general practitioner ought to be taught to recognize and treat. Undergraduate teaching and examination for qualification as a doctor should be limited to them. In the present state of the curriculum undergraduate teaching in ophthalmology is a heart-breaking task. I have expressed my views on the medical curriculum, etc. in a paper on “Medical Education of the Future” elsewhere (Lancet, March 2, 1940).

Yours truly,

J. Herbert Parsons.