children, was that over eighty per cent. of all cases with enlarged cervical glands in children had definite signs of adenoids. The mothers attributed the glands to various causes, viz., “sore throats,” tonsillitis, repeated colds in the head, after-effects of measles or scarlet fever. They also gave a history of earache, deafness, discharge from ears or nasal catarrh. The presence of adenoids was confirmed by palpating the nasal pharynx. The tonsils were in most cases hypertrophied. This condition, if untreated, forms a suitable soil on which the tubercle bacillus may become implanted; the cervical glands, bronchial glands, and eventually the lungs may become involved; the child may get an attack of phlyctenular conjunctivitis.

Tuberculosis is recognized by ophthalmic surgeons as an important factor in the causation of phlyctenular conjunctivitis. In Case 2 the phlyctens cleared up completely without any improvement in the glandular enlargement, in fact the tubercular process progressed. Had the adenoids been removed earlier, one felt that both the tubercular glands and the phlyctenular conjunctivitis might have been prevented. My reason for publishing these cases is to draw attention to the necessity for careful examination of the throat in all cases of phlyctenular conjunctivitis, and to advocate the early removal of the adenoids, which I consider an important step in the prevention of tubercular cervical adenitis as well as an effective means of treating and preventing the recurrence of phlyctenular conjunctivitis in cases which resist the ordinary methods of treatment.

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COUNCIL OF BRITISH OPHTHALMOLOGISTS

Report on the teaching and examination of medical students in ophthalmology

The Council have considered the question of the teaching and examination in Ophthalmology before qualification, and report as follows:

Part I.—Representations to the General Medical Council on the subject.

Part II.—Existing regulations concerning the teaching and examination in ophthalmology in the United Kingdom and abroad.

Part III.—The need for improved instruction of medical students in ophthalmology.

Part IV.—Summary of recommendations.
Part I.—Representations to the General Medical Council on the Subject.

By the courtesy of the General Medical Council the following information has been obtained.

In 1879, twenty-four prominent ophthalmic surgeons presented a petition to the General Medical Council advising a compulsory three months' course in practical ophthalmology for medical students, and pointing out to the Council the neglect of training in this subject as compared with Continental and Indian Universities. As the result of this petition the General Medical Council approached the various examining bodies in the United Kingdom, and subsequently made the following recommendation:

"With reference to ophthalmology, the opinion of the bodies is almost unanimous that, under the present arrangements of their respective examinations, the subject of Ophthalmology receives it a fair share of attention, and that it would not be desirable, either to require attendance on a special course of lectures on Ophthalmology as part of the curriculum for a medical student, or to make ophthalmic surgery a distinct subject of examination (separate from surgery) at the Pass Examination for a Licence to practise. The Committee* see no reason to dissent from that opinion of the Licensing Bodies, and they accordingly do not advise the Council to recommend that a special course of study of Ophthalmology, or a distinct examination in that subject, should be required."

On May 29, 1891, the Ophthalmological Society of the United Kingdom† presented a memorial to the General Medical Council in favour of including ophthalmic medicine and surgery in the ordinary curriculum. This was received by the Council, and entered on their minutes, but no further action was taken at the time.

On May 26, 1906, the General Medical Council approved a report of their Examination Committee that: "The Inspectors called attention to the circumstance that at some Boards no evidence of knowledge of ophthalmology was required."

On Nov. 26, 1910, the General Medical Council adopted a report of their Education Committee as follows:

"In the curriculum of all the licensing bodies, with three exceptions, special courses on Ophthalmology form an essential part. The Committee are of opinion that every student of medicine should receive some special instruction in the subject. The Committee do not think it necessary to insist that every student should be examined in ophthalmology, but they are of opinion, that all students should be liable to be examined in some branch of the subject."

*i.e., The Education Committee of the General Medical Council.
In 1911, a communication from the British Medical Association asking that the study of ophthalmology should be made compulsory in the medical curriculum, was brought before the General Medical Council. In reply the attention of the British Medical Association was called to the report by the Education Committee in November, 1910, cited above.

Part II.—Existing Regulations concerning the Teaching and Examination in Ophthalmology in the United Kingdom and abroad.

The present condition of Ophthalmic Training and Examination in Great Britain and Abroad.

A circular letter was sent to the principal universities and other examining bodies at home and among the allied and neutral countries. In consequence of the war, the circular probably failed to reach some of those to whom it was addressed.

Answers have been received from 22 examining bodies in Great Britain and Ireland and from 26 colonial and foreign universities.

A. The Teaching and Examination in Ophthalmology in the United Kingdom.

(1) The requirements as to training are as follows:

a. No certificate of training in ophthalmology required.
   University of Oxford.
   University of Cambridge.

b. Ophthalmology one of four optional special subjects, certificates required for two only.
   The Society of Apothecaries of London.

c. A certificate of attendance at an ophthalmic clinic for three months required.
   University of London.
   " Liverpool.
   " Aberdeen.
   " Dublin. Trinity College.
   Queen's University of Belfast.
   Conjoint Board R.C.S. England and
   R.C.P London.
   " R.C.P. and S. Edinburgh and
   R.F.P. and S. Glasgow
   (13 attendances).
   " R.C.P. and S. Ireland.

d. Certificates of attendance on a course of lectures and clinical instruction required.
   University of Edinburgh.
   " Glasgow.
   " St. Andrews.
   " Wales.
(2) The methods of examination are as follows:

a. An occasional question in the surgery paper, or viva voce; the examiners not being ophthalmic surgeons.

b. Special examination conducted by ophthalmic surgeons as part of the qualifying examination.

University of Oxford.

b. Special examination conducted by ophthalmic surgeons as part of the qualifying examination.


Society of Apothecaries of London.

b. Special examination conducted by ophthalmic surgeons as part of the qualifying examination.

University of Dublin, Trinity College.

National University of Ireland.

Queen's University of Belfast.

Royal Coll. of Phys. and Surg. Ireland.

University of Liverpool.

" " , " Birmingham.

" " , " Manchester.

University of Edinburgh.

" " , " St. Andrews. (Commencing 1919).

B. The Teaching and Examination in Ophthalmology in Colonial and Foreign Universities.

America. The report of the Carnegie Trust on Medical Education in America has been of great assistance to the Council in selecting the Universities to which circulars should be sent.
United States.
University of Michigan, Ann Arbor.
Johns Hopkins University, Baltimore.
Harvard University, Boston.
North Western University, Chicago.
University of Illinois, Chicago.
Rush Medical College, University of Chicago.
Western Reserve University, Cleveland.
University of Kentucky, Louisville.
,, and Bellevue Medical College, New York.
,, Columbia, New York.
,, Cornell, New York.
Yale University.

Canada.
McGill University, Montreal,
University of Toronto.
All the above, with the exception of the North Western University,
Chicago, require students to attend both a course of lectures and
a course of clinical instruction, and hold special examinations
conducted by ophthalmic surgeons. The North Western University,
Chicago, requires a certificate of attendance on a course of clinical
instruction in ophthalmology and there is no special examination.

France.
University of Paris.
Clinical course in fourth year. Certificate after examination.
University of Toulouse.
Clinical course of one term. Ophthalmology alternates with
dermatology as a special subject in the qualifying examination.
University of Lyons.
Clinical course of one term.
University of Montpellier.
No certificates required.

Switzerland.
The State examination for a Diploma to practise medicine
includes an oral and practical examination in ophthalmology
conducted by two ophthalmic surgeons.
University of Basle.
A course of lectures during two terms and a clinical course of
three terms.
University of Lausanne.
Clinical course of one term.

Spain.
Central University of Madrid.
Course of 82 lectures and clinical attendance from October to
May. Examination at the end of the course conducted by the
Professor of Ophthalmology.
University of Barcelona.
Course of 68 lectures; otherwise exactly as Madrid.

Sweden.
The examination in ophthalmology is entirely practical and oral, and is conducted by the Professor.
University of Upsala.
A course of lectures and two months clinical course.

Norway.
*Viva-voce* examination as in Sweden.
University of Christiana.
Clinical course of one term.

Denmark.
University of Copenhagen.
Clinical course twice weekly during one term.
Occasional question in the surgery paper in the qualifying examination.

Japan.
University of Kyoto.
A course of lectures and a clinical course.
The examination in ophthalmology is oral and is conducted by ophthalmic surgeons.

The above analysis shows that Great Britain stands almost alone in granting diplomas to practise medicine without evidence of an adequate knowledge of diseases of the eye. There are still three examining bodies which have not even adopted the recommendation of the General Medical Council of 1891, which requires a certificate of attendance at a three months clinical course. Moreover, at other institutions the interpretation of what is meant by a three months course varies greatly and should be more accurately defined, as it is by all the American Universities.

In Great Britain only a small minority of the licensing bodies apply regularly a test of ophthalmic knowledge. In Ireland and in the great majority of Foreign Universities, Ophthalmology is one of the subjects of the qualifying examinations and the examiners are invariably ophthalmic surgeons.

**Part III.—The Need for Improved Instruction of Medical Students in Ophthalmology**

In the opinion of the Council the knowledge of ophthalmology possessed by the majority of medical students in Great Britain at the time of their qualification is inadequate to enable them to diagnose and treat efficiently cases of ordinary eye diseases met with in general practice. In 1917, Sir Arthur Downes in the Report of the Departmental Committee of the Local Government
Board on the Welfare of the Blind (p. 60) quoted, and endorsed as still applicable, the statement made in the memorial presented by the Ophthalmological Society of the United Kingdom to the General Medical Council, in 1891, that "it is notorious that the general body of the profession does not possess a competent knowledge of diseases of the eye." Unless further action is taken in the matter this reproach to the medical profession will continue.

The Council hold that it is desirable that the training in ophthalmology should be mainly clinical, and they agree that a period of three months is all that can be allotted to the subject in a five years curriculum. They, therefore, recommend:

1. that attendance at an ophthalmic clinic for not less than six hours a week during a period of three months shall be required of every student; and
2. that such a period of clinical training shall be supplemented by a course of systematic lectures or clinical classes.

A very serious defect in the existing regulations is the absence of any test of the student's knowledge of ophthalmology in the qualifying examinations. Teachers in the medical schools are well aware that without the stimulus of an examination many students give the least possible attention to ophthalmology and may, and often do, finish their training without gaining even a rudimentary knowledge of the subject. In the opinion of the Council, it is most desirable that an examination in ophthalmology should be made an integral part of the qualifying examination by all those licensing bodies which have not hitherto included it in their schedule.

Internal Students. When an examining Board deals only with students trained within its own walls the system adopted by the Universities of Edinburgh and St. Andrews has the advantage of not adding to the burden of the qualifying examination. At the end of the course in ophthalmology there is a written and a practical examination, and certificates of admission to the qualifying examination are not granted to students unless they have attended the course regularly and have reached a definite standard in the class examinations.

The Council are of opinion that in such examinations, as in those for qualification, a second examiner should be associated with the teacher.

External Students. A different problem confronts such examining Boards as the Universities of Oxford, Cambridge, and London, and the Conjoint Boards, which have to deal with students trained under diverse conditions in Institutions over which the Boards exercise little supervision. Such bodies should require definite evidence of regular attendance at an ophthalmic clinic and at a course of systematic instruction. In addition they should have a test that
the student has acquired an adequate knowledge of the subject. The Council do not consider it essential that this test should be by a written examination, but they hold that there should always be a practical and oral examination in the diagnosis and treatment of the commoner diseases of the eye and in the use of the ophthalmoscope. Such an examination can only be carried out efficiently by ophthalmic surgeons who should also set and adjudicate on such ophthalmic questions as may be given in papers.

In the examination in ophthalmology, as in the examinations in pathology, surgical anatomy, etc., a candidate who does not attain to the required standard must be held to have failed to qualify in surgery.

Part IV.—Summary of Recommendations

The Council therefore make the following recommendations:

(1) No student shall be admitted to the final examination, qualifying to practise medicine, unless he has attended an ophthalmic clinic for not less than six hours a week during a period of three months, and has attended a course of systematic instruction in ophthalmology.

(2) No student shall be considered to have passed the qualifying examination unless he has shown a sound knowledge of practical ophthalmology in an examination conducted by ophthalmic surgeons.

ANNOTATIONS

Ophthalmology in the Medical Curriculum

Our contemporary, the Edinburgh Medical Journal, has recently (January, 1919) published a series of papers dealing with the teaching of ophthalmology to medical students. Mr. E. Treacher Collins and Drs. Freeland Fergus, W. G. Sym, and J. V. Paterson contribute to the symposium. While there is a broad agreement that ophthalmology should be taught to students, there is naturally some divergence of view as to the detail among the writers. Collins thinks that for purposes of general diagnosis the ophthalmoscope is in its way as valuable as the stethoscope, in the use of which every student is carefully trained. The rising generation of practitioners should be competent to recognize and to treat many of the commoner diseases of the eye, especially ophthalmia neonatorum and acute glaucoma. The study of ophthalmology affords an excellent training in accuracy of observation, and on that