

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.

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### ANNOTATIONS

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#### 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

ground alone should be taught. Collins is in favour of practical demonstration in preference to systematic lectures, for, as he aptly says. "the reading of a good text-book is often preferable to listening to a bad lecture." He looks upon any attempt to teach students, as a body, how to correct errors of refraction as "a hopeless waste of time." Collins strongly advocates that an examination in ophthalmology, conducted by a competent examiner, should be made part of the final examination.

Fergus regards any attempt to overload the twenty sittings at present devoted to ophthalmology in Glasgow as likely to prove disastrous. A teacher should endeavour to instruct a pupil in those parts of the subject which are essential to every practitioner. The courses should be entirely clinical. The student should learn the signs and symptoms of the more important diseases of the eye, and, as far as practicable, those which are symptomatic of general disease. Fergus would insist upon a man being able to use the ophthalmoscope almost with the same facility as he employs a clinical thermometer. The important point is that he should be in a position to use the ophthalmoscope as an instrument of medical research rather than of ophthalmic investigation. No attempt should be made to endeavour to convert the student into an expert refractionist. A mere indication of the methods employed only should be given. Fergus attaches importance to instruction in diplopia, in the development of squint, in the pupillary reflexes, in the visual acuteness, and in the use of the perimeter.

Sym regards a course of twenty-four lectures and demonstrations, with some tutorial instruction in the use of the ophthalmoscope, as neither too long nor too short. The intimate manipulation of the ophthalmoscope should be postponed until after graduation. No teaching can be satisfactory unless the student is subject to examination.

Paterson thinks that medical students should be taught to recognize the commoner eye ailments, and that teaching should be mainly clinical. He lays considerable stress (as does Fergus) upon the future practitioner familiarizing himself with injuries of the eye, in connection with which the teacher should take up the question of visual efficiency in workmen. On the other hand, great attention need not be paid to the differential diagnosis of the various muscular palsies. Minor operations should be demonstrated, but Paterson thinks it adequate in the case of the student if a few typical major operations on the eye were shown. These points, given plenty of material, can be compassed in about twenty-seven meetings of the class, which should be limited in number to forty at most. The use of the ophthalmoscope should be taught in tutorial classes, in which elementary lessons on errors of refraction, recording visual acuity, and the taking of the field of vision are also given. "No attempt

should be made to teach students how to prescribe glasses." Paterson does not advocate examination in ophthalmology. He would be content if students were made to realize that they could not be granted a class certificate unless they had a satisfactory knowledge of diseases of the eye.

Briefly, then, the writers of the articles noticed above agree that (1) ophthalmology should form an essential part of the students' curriculum; (2) no attempt should be made to treat the subject of refraction seriously; (3) the use of the ophthalmoscope should be obligatory; and (4) clinical demonstrations should be substituted for formal lectures.

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### An American School of Military Ophthalmology

With their usual foresight our American allies have instituted at Fort Oglethorpe, Ga., a school of military ophthalmology, which has been in working order since August, 1918. The underlying idea is to train eye men and others who have entered the service in military ophthalmology, more especially as it is practised overseas. Lieut.-Colonel G. E. de Schweinitz (*Amer. Jl. of Ophthal.*, December, 1918) has given an interesting account of the organization and development of the institution, which is in connection with U.S. General Hospital No. 14. A new building of two stories has been placed at the disposal of the school. The first floor includes refraction rooms, stalls for retinoscopy and ophthalmoscopy (in one of which a lantern screen can be readily adjusted), a room for the purposes of the optician, which also serves as a place for the clinical clerk to take the patient's history and record the preliminary visual tests, and a covered porch which, in suitable weather, is used as a waiting room. The first floor also contains a room for operations upon animals' eyes, a small theatre for such operations upon human eyes as do not call for the administration of a general anaesthetic, and rooms for the Chief of Service and the storing of records. The space still remaining is fitted as a ward of sixteen beds. The second floor of the building is occupied by beds (should such be needed), together with the usual offices connected with a sick ward. The operating theatre of the neighbouring Oto-Laryngological building is used for operations upon the eye which require a general anaesthetic. An entrance examination must be passed before an officer is admitted to the School of Ophthalmology. At the end of each four weeks' course the students are graded according to a report from the instructors after a written and oral examination. The Director of the School determines the degree of proficiency of each student, and it is upon this that the officer's ultimate retention for eye work in the Army is based. The staff of the School consists of