Central London Ophthalmic Hospital. The cases were rather fewer than has usually been the case at past Congresses, but their quality was excellent, and members who were present had the pleasure of seeing the method of using the diplopia screen, the only specimen of its kind in London, demonstrated by Professor Morax.

During the Congress a museum was held in the Bowman Library at the Royal Society of Medicine, the chief features of which were the very beautiful paintings of the fundus exhibited by Captain W. Wallace, and as a contrast, a selection of the early atlases of fundus pictures, on which Captain Wallace is an authority.

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**ANNOTATIONS**

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**The Teaching and Examination of Medical Students in Ophthalmology**

The April number of this Journal contained a report on the teaching and examination of medical students in ophthalmology, drawn up by the Council of British Ophthalmologists. It was indeed time that this important matter was fully considered, and strong and urgent representations made to the General Medical Council, which ought, undoubtedly, to frame regulations, insisting that all examining bodies should require definite evidence of the receipt of instruction in the very, and ever increasingly, important branch of medical science, viz., ophthalmology. The General Medical Council up to the present has taken quite a weak stand in regard to it, for when it last reported on the subject, in 1910, "It did not think it necessary to insist that every student should be examined in ophthalmology," but was of the opinion "that all students should be liable to be examined in some branch of the subject." It goes without saying that a serious condition still exists, in that a fairly large proportion of students receive a qualification to practise without sufficient knowledge to enable them to distinguish serious from trivial forms of eye diseases, to interpret formulae of refractive errors and visual acuities, or to recognize those ocular signs which so frequently are the first warnings of serious changes in the circulatory, urinary, and nervous systems.

It appears from the report of the Council of British Ophthalmologists, already referred to, that existing regulations in the United Kingdom are decidedly behind those in force in other countries, where apparently they do not cause overweighting of the student's curriculum. The recommendations, viz.:

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—

are indeed sound, and should be carried into effect without delay. It has been urged that there are other special branches of medical science that need emphasizing during the student period, and that therefore ophthalmology is but one among equals; but it may well be held that eye-work far outstrips the others in importance, in that such a delicate and important organ is concerned, and, further, that in it minute changes can be seen by the observer under a high state of magnification, changes similar to those that are taking place in the hidden recesses of the cranium, far away in the circulatory system. The recommendations are modest enough, but their adoption would, if conscientiously carried out, go a long way to establish a condition of knowledge that would ensure early treatment of diseases local to the eye, or in the associated systems.

It is certainly important that the student should be questioned by ophthalmologists and not by general surgeons, whether the class examination suggestion, or special paper, and viva voce in qualifying examination be adopted. General surgeons rarely possess more than a crude knowledge of eye-work. In the good old days many general surgeons practised, and were skilled in, ophthalmology also. Undoubtedly the instruction and the examination should be chiefly clinical and practical, and therefore the former method of insisting on systematic lectures almost entirely should be abandoned for lecture demonstrations and pure clinical instruction. It is not essential that a complete and perfect knowledge of refraction should be insisted on, but the student should at least know how results are arrived at. He should be taught to recognize whether poor vision is due to refractive error, opacities of media, fundal disease, or retro-ocular conditions. It is sufficient if the student sees a few of the major operations, but minor operations should be more carefully exhibited, and certainly all effects of traumatism should be demonstrated. If all this is not done in the student stage the golden opportunity is missed, and many will, perforce, remain in a state of ignorance which should not exist. The opportunities for instruction and study after qualification are frequently not available on account of time and distance. An increasing proportion of practitioners have to tackle eye problems nowadays, what with school inspection, factory accidents, etc. It is, therefore, of the greatest importance that the foundation of ophthalmic knowledge be laid in the student
stage, and to ensure adequate attention to the subject an obligatory examination is the only certain method.

**Test Types for the Illiterate**

A committee, the members of which comprised Edward Jackson, N. M. Black, W. B. Lancaster, and A. E. Ewing, has presented its report upon the standardization of test types for the illiterate to the Section of Ophthalmology of the American Medical Association.

Over one hundred and eighty different figures were examined, and certain ones were selected, namely, the ring, square, star, pitcher, cross, horseshoe, flag, fork, and chair. The choice was based upon the following principles: (1) the lines of which the chief framework of the character is constructed should each subtend the angle of one minute. (2) The main body of the character should conform to the five minute visual angle. (3) Slight unobtrusive variations may be made in the lengths of the lines of the characters beyond the five minute angle, in order to insure legibility, as it is practically impossible to construct pictures of ordinary well known objects in the five minute space with lines of one minute thickness. (4) Masses of black are undesirable. (5) Finer lines than subtend the angle of one minute are to be avoided in the body of the character. (6) As any one character cannot be depended on for a visual measurement, the smaller characters for distances less than twenty metres should be arranged in rows of three or four each. The reading of the row at the correct distance is considered by the committee to be the equivalent of $V. = 1$. The interval may be in any ratio, but the geometric ratios of Green are suggested as being most advisable. The figures should be printed in black upon a creamy white background on paper or board of a thickness adequate to prevent the type sinking into it. As the committee points out, there is a distinct advantage in having a relatively small number of characters repeated on successive lines of the chart, for in that way it can be known from the larger lines whether the person tested understands and responds properly to the test. The characters selected by the committee conform so well to the letter tests that the two may be readily interchanged. In addition to the characters now recommended by the committee, several "one minute" tests have been considered, such as the Snellen "E," the Landolt "Broken Ring," the Jackson "Incomplete Square," and the "Incomplete Parallelogram" forms of Pergens, besides the several varying one to three minute tests of Pergens, the "Crosspoint" and "Line-point" tests of Wolffberg, and the Central Broken Line test of Ewing. Taken singly each of the tests last named is practically the equivalent of the others. They are excellent when any question of a fine degree