

ANNOTATIONS

The Faculty of Ophthalmologists

The Council of the Faculty of Ophthalmologists has issued its first Annual Report covering its activities from April, 1945, to March, 1946. The report—a lengthy document of 76 pages, comprising twenty-one sections and twelve appendices—amply demonstrates that the Faculty is playing an active part and assuming heavy responsibilities both in the academic and political aspects of ophthalmology. It is, indeed, a matter of congratulation that at the present time of revolution in all aspects of the practice of ophthalmology and re-orientation of the policy of education and research, the speciality has combined to form a single representative body through which it can express its views authoritatively. In the future its value may be still greater if ophthalmology is to survive as a living and effective science when its practice becomes bureaucratically controlled.

The main activities of the Faculty during the past year have, as would be expected, been medico-political, and for this purpose a very useful working arrangement has been entered into with the Ophthalmic Group Committee of the British Medical Association. The Negotiating Committee which makes contact with the Ministry of Health on the National Health Bill thus represents a complete political unity of the speciality and at the same time receives the backing of the entire medical profession for its views. In addition to this paramount matter the Faculty is interesting itself actively in determining the conditions for the ophthalmological care of school children with the Ministry of Education and with Industrial Ophthalmology.

With regard to more academic matters the close liaison established with the Royal College of Surgeons of England is indeed propitious and the introduction of an ophthalmological fellowship on the lines adumbrated in the report should go a long way to fulfil the need for a suitable higher diploma which it is expected will come to be recognized as the hall-mark of consulting status and the desirable qualification for appointment to a first rank Hospital Staff. It is to be hoped that similar arrangements will be made by the corresponding collegiate bodies in Scotland. Ophthalmic research, ophthalmic literature and the international contacts of British ophthalmology have all their place in the Report, as also have subjects such as the notification of trachoma and the definitions of blindness on which a detailed and reasoned memorandum appears. The Faculty also acts *in loco parentis* to the sub-specialty of orthoptics, sponsoring the Orthoptic Board, and during the past year considerable developments have taken place in its administration. It is interesting that steps are already in train for the

acceptance of similar responsibilities with regard to contact lenses on which research has been initiated.

At the end of its first year the Faculty had 469 members and associates. In the interest of ophthalmologists themselves, of the specialty which they practise, and of the community which they serve, it is to be hoped that this number will rapidly increase so that in the difficult times ahead all views in the profession may find representation and will have the most authoritative backing possible.

Drugs and their substitutes

Smollett, as a medical man, must have known what he was writing about of the practice of his day. In *Roderick Random* we have the picture of a dishonest apothecary who "was the most expert man at a succedaneum of any apothecary in London; so that I have sometimes been amazed to see him, without the least hesitation, make up a physician's prescription, though he had not in his shop one medicine mentioned in it. Oyster shells he would invent into crab's eyes; common oil into oil of sweet almonds; syrup of sugar into balsamic syrup; Thames water into aqua cinnamon, turpentine into capivi; and a hundred more costly preparations were produced in an instant, from the cheapest and coarsest drugs of the *materia medica*."

Times have changed, and we doubt whether anyone in his senses today would take Thames water for aqua cinnamon.

So far as we are aware there are no cheap substitutes for the common drugs we use in ophthalmic practice; but it need not be considered unreasonable to make use of common and cheap drugs for oral administration, if stocks of the more expensive drugs are low, provided the action of the two is similar. During the war several drugs were in such short supply as to be practically unobtainable and substitutes had to be found. There was nothing dishonest in this. But with the war over, we hope that shipping facilities will be available to allow a medical man to order what drugs he likes with a reasonable certainty that they will be dispensed.

Drugs have a specific action, but a bottle of medicine or an eye lotion has a psychological effect as well, especially if there be not much the matter with the patient. To cater for the latter any harmless drug can be mixed with water, if it be soluble in water, and the patient will begin to get better before the bottle is finished. It is no use, however, putting a drop of water, even if it be obtained direct from the New River, into the eye of a patient with iritis, for it will not act as a substitute for atropine.

We hope that, under State control, no petty restrictions will be placed on the profession as to the drugs we may prescribe. What a nightmare of a life it will be if we have to account for every drop of homatropine and cocaine we use!