

## QUEEN'S COLLEGE, BELFAST.

### INAUGURATION OF THE NEW DEPARTMENT OF OPHTHALMOLOGY.

THE new department in ophthalmology and otology was inaugurated at the opening of the winter session on October 26th. Dr. W. A. McKeown, who was recently appointed to the lectureship, delivered an address, in the course of which he said that he thought it fitting that the opening address of the department should be devoted not to the purely professional aspects of that branch of science, but rather to a consideration of its relationship to some questions of national and world-wide interest.

### VISION AND SCHOOL LIFE.

The question of vision touched directly or indirectly every person in the world. He would first of all deal with vision in relation to school life, which might be reckoned to begin at 5 years and to last to 15 or 16. It was universally admitted by competent authorities that children with very few exceptions were not defective in vision at the beginning of school life, but that their vision was better adapted for seeing far off than close at hand—a hint from Nature that children of tender years should rather be roaming in the fields than confined in any schoolroom, or at least that their lessons should be of short duration, and confined to looking at large objects. Shortsightedness was very apt to develop as the child proceeded from standard to standard. In Germany myopia was rife, and Cohn, of Breslau, had shown that whereas only 5.2 per cent. of village children had defective vision, this proportion steadily increased in the "real" schools and gymnasia until in the highest class of the latter the proportion had risen to 55.8 per cent. It was a mistake to regard a shortsighted eye as a safe sort of eye, which would improve with advancing years. In reality, it was a diseased eye, and liable to various affections impairing or destroying vision. Myopia was the bane of school life in Germany, and the tendency of our present system of compulsory education, payment by results, etc., was to increase this affection very largely in this country. He was decidedly of opinion that children should not be taught any regular lessons before 7 years of age. Astigmatism was a common defect, and the subject of it was often unjustly regarded as stupid and indolent.

The causes tending to produce myopia were the following: (1) Badly lighted rooms; (2) too small or bad type; (3) a faulty position in writing and reading; (4) badly planned school furniture; (5) insanitary conditions. The obvious remedies were to have school rooms with plenty of light; books with clear, large, well-spaced type; desks constructed on well-known plans; schools in open, airy places, with good sanitary arrangements. In the United Kingdom there were no fewer than 5,713,243 children from 5 years old to 15 or 16. The eyes of these children were changing in form and power, and ophthalmic surgeons everywhere have been trying to devise some scheme for detecting children with defective vision. He would only mention two plans: (1) Cohn's, that the Government should appoint an Imperial or Ministerial school doctor to have a place in the Ministry, and for every province a district school doctor to have a place in the governing council of the district, this officer to examine and report on the condition of every scholar's vision; and (2) the plan proposed by English surgeons, namely, to make the teachers the examiners of the condition of the vision of the children, the defects to be reported to the parents. He did not think that either of these plans would be adopted in this country.

There remained a plan suggested by Dr. McKeown, of Manchester, in putting inside the cover of the reading books for each school standard a few test types with simple directions. This plan was so simple that any child or parent could apply it. Its cost would be only nominal, and the parent and doctor would at once be able to put a check upon growing defects of vision.

### DEFECTIVE VISION IN WORKPEOPLE.

A large part of the population required glasses for reading at from 40 to 50 years of age. They equally required glasses to see fine work, but the employers often foolishly objected to their employees wearing glasses. Defects of vision were very

important in another service, namely, the constabulary. A person who requires strong glasses to read sees very imperfectly at night, and no reliance could be placed on his identification of any person during public disturbance. It was a strange fact, but he had never read of a case in court in which a person giving evidence of identity was questioned as to the sufficiency of his vision. If the plan of testing the vision of children were adopted, there would hardly ever be a person so ignorant as to present himself for any department of the services without knowing beforehand that he would be certain to pass. It was remarkable that the Board of Trade regulations permitted lads to enter the mercantile marine without any test whatever, and they were allowed to go until the examination for the certificate of second mate. This was a scandal for which there was no justification. According to the last census there were no fewer than 31,605 persons totally blind of both eyes in the United Kingdom. The number of persons suffering from some sort of eye disease must be immense—perhaps upwards of a third of a million; and of this disease probably more than one-half was preventable. It was his hope that the teaching of ophthalmology, the making of it a real, substantial part of the education of a medical student, would diminish the number of these truly unfortunate members of the community.

## THE ELECTION OF DIRECT REPRESENTATIVES TO THE GENERAL MEDICAL COUNCIL.

THE formal notice of election issued by Sir Richard Quain, President of the General Medical Council as returning officer in the approaching election of three direct representatives for England, will be found in our advertisement columns, p. 55.

It will be seen that every nomination paper, accompanied by a declaration in writing, signed by the person nominated, acknowledging that he consents to be nominated, must be delivered by post or otherwise on or before November 23rd, addressed to Mr. W. J. C. Miller, at the Medical Council Office, 299, Oxford Street, London, W. Forms of nomination can be obtained on application to the Medical Council Office.

The Registrar also gives notice that medical officers in the Naval, Military, and Indian Medical Services resident in England, Wales, and Scotland, who, on the present occasion, are the only persons in such services who are entitled to vote should, if they desire to vote, apply by post enclosing their postal addresses to the Registrars; if resident in England, to Mr. W. J. C. Miller, Medical Council Office, 299, Oxford Street; if resident in Scotland, to Mr. James Robertson, 1, George Square, Edinburgh.

### MEETING OF THE SUPPORTERS OF CANDIDATES.

The first public meeting of Mr. Rivington's supporters was held on November 3rd at the rooms of the Medical Society of London. The chair was taken by Mr. Timothy Holmes. Mr. Rivington delivered an address, in the course of which he gave a full exposition of the views and policy of the Association of Fellows and Society of Members, in support of which he had been invited to come forward. (Mr. Rivington's election address, stating at length the grounds upon which he solicits the votes of members of the profession at the approaching election, will be found in the *BRITISH MEDICAL JOURNAL* of October 10th, pp. 1045-47.) Mr. Timothy Holmes moved a resolution pledging the meeting to adopt the principles and support the policy of the Association of Fellows and the Society of Members of the Royal College of Surgeons of England as the most direct and practical policy yet placed before the profession in relation to the present election of direct representatives. Mr. Holmes said that he had been associated with the movement for reform in the College of Surgeons during the whole of his professional life, and that throughout he had striven for a reform of the anomaly under which the whole authority vested in the twenty-four Fellows who constituted the Council, while all that the Fellows could do was to register a vote once in eight years for each member of the Council, while the 16,000 Members had not even this privilege. The motion was seconded by Dr. Thomas Morton, and carried unanimously. Mr. Joseph Smith moved a resolution to the effect that Mr. Rivington's support for thirty years of the best interests of the profession entitled him, though not a general practitioner,

to the confidence of the whole profession, while the recognition of a distinction between consultants and general practitioners, which was not recognised by law in this relation, would fetter the discretion of electors. Mr. Smith pointed out that the Society of Members supported also Dr. Alderson and Mr. Brown. The resolution was seconded by Mr. W. G. Dickinson, who said that Mr. Rivington's past services to the Members of the College showed that they could rely thoroughly upon him to support their interests. This resolution was also carried unanimously, and with a vote of thanks to the Chairman, the meeting terminated.—On October 22nd and 23rd three meetings convened by the Council of the Incorporated Medical Practitioners Association were held in London in support of the candidature of Mr. George Brown, Mr. George Jackson, and Dr. Rentoul. The first meeting was held on October 22nd at the Athenæum, Camden Road, the chair was taken by Dr. Hugh Woods, and after addresses had been delivered by Mr. Brown and Mr. Jackson, a resolution approving the candidature of Mr. Brown, Mr. Jackson, and Dr. Rentoul was passed *nem. con.*—The second meeting was held on the evening of the same day at St. Martin's Town Hall, Charing Cross. The chair was taken by Dr. Bedford Fenwick. Mr. George Brown spoke in favour of an increase in the number of direct representatives, and advocated the amendment of the Medical Acts so that the General Medical Council should have increased power to prosecute unqualified practitioners, and further that it should be enacted that the fines should go to the Council, and not to the Metropolitan Police as at present. Mr. George Jackson, in the course of his address, urged that the penal clauses of the Medical Acts should be made more stringent. Dr. Rentoul advocated the registration of stillborn children, and urged that the present midwives should be done away with gradually by enacting that no fresh midwives should be allowed to practise. On the motion of Dr. Oswald, seconded by Dr. Cotman, a resolution was adopted expressing concurrence with the view of the three candidates, and pledging them support.—At the third meeting, which was held at the Horns Assembly Room, Kennington, on October 23rd, under the chairmanship of Dr. J. W. J. Oswald, addresses were given by Mr. Brown and Mr. Jackson, and a resolution was passed unanimously pledging the meeting to support the three candidates, Mr. Brown, Mr. Jackson, and Dr. Rentoul.—A meeting of the supporters of Dr. F. H. Alderson was held at the residence of Mr. James Savage, 11, Avonmore Road, West Kensington, on October 29th. The chair was taken by Mr. Savage. Dr. Alderson, in his address, dwelt chiefly on the midwifery question and its bearings on the future of the general practitioner.

## BATTLE OF THE CLUBS.

### YARMOUTH.

ABUSES of the club system similar to those which have been shown to exist in other towns have led to a protest from the medical profession similar in its character to that made by the profession elsewhere. It has been met, we regret to learn, with a similar unconditional resistance.

The club system in Yarmouth is very extensive, and for many years was, we are informed, worked fairly and amicably. During the last few years, however, various changes have been introduced, of which the most important have been:

- (a) The opening of juvenile clubs, into which children are to be admitted at one year of age.
- (b) The formation of medical aid associations for wives and children of members.
- (c) The starting of a female Foresters club.
- (d) The increasing practice of admitting well-to-do persons into membership, with full benefit of sick and doctor's pay.

The rates have been for male adults, 4s. per annum each; for females above 18, 4s. per annum each; for juveniles, 2s. 6d. per annum each; for members of the medical association a still lower rate obtains.

A letter was on August 31st addressed to the officers of the clubs by eighteen of the medical men practising in Yarmouth, pointing out that the relation of the medical officers to the clubs had changed owing to the introduction of the new systems enumerated above, and stating that the time had arrived when a revision of the financial relations which existed be-

tween the clubs and their medical officers was in equity required. The letter added that in Yarmouth the change demanded did not involve any disturbance of the old scale for adult male members, but only a readjustment of the payments for female and juvenile members, and the establishment of a wage limit.

A meeting of the delegates of the different societies was summoned to consider this notification from the medical officers, and to this meeting the medical men addressed a letter submitting the proposed scale of payment, and suggesting a conference. The proposed scale was as follows:

1. Payment for adult male members 4s. per annum as formerly.
2. Payment for each female above the age of 18 years, entitled to medical attendance 6s. per annum.
3. Payment for children of either sex, between the ages of 5 years and 18 years, to be 4s. per annum per member (provided that the head of the family be not charged for more than three children at 4s., any beyond that number to be charged 2s. per annum each).
4. Within a two-miles radius of the headquarters of the club, midwifery attendance to be 15s. per case, paid in advance; abortions and miscarriages at the same rate. Above the distance of two miles, but within three miles, one guinea to be the minimum fee, also to be paid in advance.
5. Vaccination at the surgeon's residence 2s. 6d. per case.
6. Extra fees to be allowed, payable by the club, for fractures, dislocations, and major operations, as allowed by the Local Government Board to medical officers under the Poor Law.
7. Inasmuch as the rate of payment for medical attendance on members of friendly societies was arranged to meet the requirements of the working classes, and not adapted to the larger incomes of the middle and upper classes, the surgeon to be free to use his discretion as to the admission to medical benefit of any candidate or member whose means are obviously ample enough to enable him to pay with ease ordinary medical charges. (N.B. This clause not to be retrospective.)

It will be seen that the scale proposed did not by any means err on the side of excessive charges. The request for a conference has been ignored, and the proposed scale has been rejected absolutely. At their last meeting the delegates, we are informed, decided to recommend the clubs to form an institute.

It would thus appear that the Amalgamated Friendly Societies are determined to repudiate utterly the claims of the local profession for a wage limit in the case of members who become entitled to medical benefit, and are about to take steps to promote the formation of a medical institute. The local profession are to be congratulated on their union and the firm and dignified position they have taken up; it is far better that the friendly societies should form, or attempt to form, medical institutes than that the present club system should be continued without any protest on the part of the profession, who, if they continue united, must win in the long run, for in the teeth of their opposition it will become more and more difficult for these institutes to find medical officers, without whom they cannot exist.

### LINCOLN.

At the recent municipal elections a determined attempt was made to defeat Dr. Collier, who has been for some time a member of the City Council. Every means was taken to drag the question of the action of the medical practitioners in Lincoln on behalf of the medical officer of the clubs into the contest. It was generally understood that those who were most active in the agitation against Dr. Collier's return were well-to-do citizens who had taken advantage of the medical clubs. The scheme has however failed, for Dr. Collier was returned at the head of the poll in his ward by a majority of 155 over the next candidate. This result has been achieved, it is understood, entirely by the working men's vote, thus proving that it is not the *bona fide* working men, but the parasites of the club system, who object to the stand taken by the profession. If these persons for whose benefit the club system was not devised were once removed from the management, there is good reason to believe that there would be little difficulty in the way of an arrangement between the wage earners and the medical profession.

### JUVENILE AND FEMALE LODGES OF ODDFELLOWS.

L.R.C.P. & S. EDIN. desires to know what should be the lowest payment per member of a juvenile or female lodge. The members are to be visited within a radius of four miles, and the male lodge which proposes to start these branches pays 4s. 6d. per member per annum.

\*.\* Our correspondent if he is wise will oppose in every way the formation of such branches, for on any fair computation the members of these latter branches ought to pay more than the members of the adult male lodge, who would not be likely to consent to this. Under any circumstances, although the district is an agricultural one, he cannot be advised to accept less than 4s. 6d. a member all round.