Block	
L	0.71
T	0.74
V	0.78
U	0.79
C	0.79
O	0.80
Y	0.80
F	0.81
P	0.81
D	0.82
Z	0.84
N	0.85
E	0.85
R	0.88
S	0.89
C	0.92
H	0.92
B	1.00

These results revealed that few of the letters could be depended on to give so-called normal visual acuity as compared with the "broken ring" of Landolt. They further confirm Snellen's observation that the "block" letter was superior to the "Gothic" letter for the construction of visual test types. Also they standardized, so far as was possible, the relative visual value of each letter.

In this table it is shown that the letter "L" is the most readily seen of any of the letters at a given distance, but it is well known to all ophthalmologists that persons who are able to recognize the "L" have sufficiently good vision to pursue any of the ordinary vocations necessary to earn a living.

"In all times letters and numbers have been preferentially employed by ophthalmologists in the investigation of the powers of vision," observed Donders, in his work on refraction, in 1864. After the lapse of another half century, during which period workers in ophthalmology have increased by thousands, it may be safely claimed that this observation is now an axiom with letters still in the ascendant. The investigation of the Committee above mentioned has given each letter a definite visual value in comparison with an accepted visual standard. Experience has proved that a visual acuity of 75 per cent. of this visual standard indicates sufficiently good vision for even the highest grades of occupation in securing the living. The army accepted 50 per cent. as sufficient for ordinary occupations, and practically 75 per cent. for the finest rifle work.

With the above data at our command, the rational method of disposing of this vexed question would be to accept as the standard or normal vision the vision measured by any of the block letters from T to H in the report of the Com-

mittee, when these letters are drawn to the one and five minute scale of Snellen. The same rule should apply to characters when they are drawn practically within these limits. This would mean a variation in the visibility of 18 points, but experience has further demonstrated that this counts for little after the 75 point limit has been passed. The reading of any one of these letters should be considered as the 100 mark instead of the reading of the broken ring of Landolt, and visual acuity above this standard 100 mark should be indicated as normal plus. Such an arrangement would satisfy every visual requirement.

Ophthalmologic Versus Anatomic Nomenclature.

DR. M. URIBE-TRONCOSO, New York City. It is a basic rule in all anatomic descriptions to consider the subject standing in front of the observer. In ophthalmology, however, this rule is entirely disregarded, and the text-books and treatises describe the lesions and symptoms and show the pathologic sections in the position of the observer's eye.

This departure leads to confusion, misunderstanding, and mental strain, which are especially noticeable in the sections of neurology and troubles of motility of the eye, and in the recording of the visual field. The proper understanding and diagnosis of some brain conditions and hemianopsia are made difficult by the necessity of reversing the mental picture of the lesions from the observer's eye to the patient's eye in front of him. The same happens with the troubles of motility of the eye, where the anatomy and physiology of the ocular muscles are taught in reference to the observer's eye and the clinic examinations, limitations of movements of the eyeball in case of paralysis, subjective examination for diplopia, etc., are made in front of the patient. Thus two different standards are set up without sufficient reason or practical benefit.

The field of vision as recorded with the campimeter corresponds to the observer's eye standing behind the patient. With the perimeter the testing is made in front of the patient, but the recording in the chart needs to be reversed to the posi-

tion of the operator's eye. The same is true of the Bjerrum screen.

The author proposes to discard the ordinary position and adopt the anatomic standard, considering always the patient in front of the observer, and recording the visual field as it is projected into the space and actually found on the arc of the perimeter.

The ordinary charts when seen by translucency accurately represent this anatomic position.

Standards for Field Taking.

DR. LUTHER C. PETER, Philadelphia. The variable elements in field taking can be included in two groups:

First: Those which are due to a lack of care on the part of the operator or on the part of the patient, and to inadequacy of the necessary equipment.

Second: Those which tend to yield variable results from day to day because of organic or functional changes in the visual pathway.

By perimetric study we endeavor to uncover the latter group for correlation with other symptoms. In order, however, to be of dependable value, the errors of the first group must be eliminated. To this end efforts have been made from time to time to develop a technic which can be made uniform, or approximately so, thruout the world, or wherever perimetry is practiced. Notwithstanding the frequent mention in literature of the need of a standard in our methods, and of urgent appeals by individuals for uniformity, the first group of variable factors continues to rob field

studies of their real value, altho these errors can, for the most part, be eliminated.

In order, therefore, to approach this subject from an international standpoint, and to secure the cooperation of ophthalmologists from the countries here represented, the following resolution is respectfully submitted.

Resolved, That a Committee be appointed by the President of this Congress of Ophthalmology now assembled to consider and to recommend to this Congress, before its close, a standard in technic which may be applicable in any part of the civilized world.

First: With reference to the designation of the test objects of stimuli in degrees, minutes, or seconds.

Second: The designation of the pigments to be employed in the colored stimuli in definite and understandable language, by which they can be reproduced by the manufacturers of perimetric instruments.

Third: Uniformity in charts.

Fourth: A standard method of illumination.

Fifth: A method by which preexposure and surrounding field may be standardized for perimetric studies.

Sixth: The use of instruments in field studies with special reference to the needs of the case.

Seventh: Other recommendations which, in the judgment of the Committee, may seem advisable at this time.

(To be continued)