from the application of certain lenses under certain conditions and check up our diagnosis thereby.

In most modern systems of sight-testing the optometrist makes his diagnosis, and artificially produces Myopia or Myopic Astigmatism, giving $V = 6/12$. He corrects the astigmatism, if any, with — cylinders, and increased the Acuity by the addition of — spheres at .25 sph. intervals.

The above fundamental considerations, though of a general character, are capable of more particular and detailed application, and the principles enunciated should be the foundation of every system of Subjective Sight Testing.

HYGIENE.

By W. G. Kett, F.S.M.C., F.I.O. (Lond.).

On the Agenda Paper of the recent Interstate Conference, the subject of "Hygiene," which, of course, meant Hygiene in optometrical practice, was one of the subjects set down for discussion. Personally, no discussion gave more pleasure in anticipation and less in realization than that which took place on this subject. It was evident the subject had not been given the consideration it merited, and what was true of the Conference is true of the profession as a whole in practically every country but America.

The Optometrist of to-day has been slow to develop his calling into a profession and slower still to assume the mantle of professionalism. While he hugs the shop and regards Optometry as a barnacle on the jewellery trade, the evolution of the profession is retarded and public sympathy, which on the question of legislation is so much needed, is not evoked.

The reason why hygienic practices in optometrical work is so primitive is not because the optometrist is unaware of the necessity of such practices, but simply because, speaking generally, he is in an environment unsuited for its introduction. There are, however, a few thoughtful and up-to-date optometrists who would question the necessity of strict hygienic practices in our work. Recently I wrote to the Editor of the leading English journal of optometry on the subject, and I was astonished to find him expressing such an opinion.

Writing with the shadow of a devastating pandemic on our State, one could not conceive of any man holding such views to-day. The need for something more intense than hygienic practice is imperative in our consulting rooms at such times as these.

Should any reader require more argument

for the need of Hygiene let him look to the dentist of to-day, or more remotely, to the barber. At the tonsorial establishment where I am periodically shaven, I have no hesitation in saying, there are more hygienic practices than at any optometrist's I know. Think it over!

It has been said of Hygiene that its practical aim is "to render growth more perfect, decay less rapid, life more vigorous, and death more remote." The subject in its broadest aspect is a very wide one, embracing all the agencies which affect the physical and mental well-being of man. It is Hygiene in its more limited and specialized sense that we are to consider here. In the sphere of its specialized application it must be all-embracing. It must take into account the Optometrist, his equipment, and all that appertains to his practice.

A brief consideration of the subject in detail may help towards an appreciation of the importance of Hygiene in daily practice.

The Optometrist.

First let us look to the optometrist himself. Being a professional man he should exhibit that culture and refinement the public expects of professional men. He should be well-dressed and well-groomed, and spotless cleanliness should be the keynote throughout. Shabbiness and untidiness, soiled linen and such-like, bespeak the man and his work. The state of the hands demands strict attention. Real estate displayed beneath the nails is worse than vulgarity.

If an optometrist cannot form the habit of regular attention to his nails, it is no femininity or extravagance to regularly seek the services of a manicurist. The breath, at all times, should be kept sweet; not by chewing perfumed cachous, but by regulating the times and seasons of one's drinking and smoking habits, and by due attention to one's health. Those of us who regularly use the direct method of ophthalmoscopy can readily appreciate this dictum.

One point about the attire of the optometrist I wish to urge, that is the wearing of white coats in daily practice. It is essential from a hygienic point of view, where one performs such slight operations as the removal of a foreign body, deplumations, etc., standing behind the patient. In this position the head of the patient rests against the operator. Again, the pleasant feeling of getting into a spotless white coat before beginning work is one not to be despised. The practice stands for cleanliness, and is appreciated by the patient. The custom is almost universal among dentists. One word of advice: If you adopt the practice see at all times the coat is **white**. A soiled white coat is a contradiction and an abomination.

The Rooms.

The furnishing of all rooms should be undertaken from hygienic points of view. The waiting-rooms should be as large and well-ventilated as possible, and furnished with taste. My personal preference is for the Mission type of furniture, which can be readily polished and cleaned. Curtains, carpets and hangings should be reduced to a minimum. The whole room should be capable of being easily cleaned and dusted in every corner.

The testing-room should be similarly furnished. Good one-colour linoleum is preferable to carpet, completely covering the floor. Linoleum can be daily washed and polished, and the rugs and runner taken up and thoroughly cleaned. Where a vacuum cleaner is at hand carpet may be used to advantage. The room should be lofty, well-ventilated and if there is a choice as to dimensions, 15 x 25 x 12 ft. is a minimum for comfort and convenience. The colour scheme should be subdued and the woodwork and doors finished in such a way that washing may be undertaken, if necessary. Everything in the room should be capable of being easily moved. The lighting scheme should be scientific and efficient, and controlled from the working position. Water should be connected to the testing-room.

The construction and fittings of the workshop are not beyond hygienic considerations, which should be consistently applied here.

The above considerations may appear to be those of an idealist, but remember, no ideals, no League of Nations (or of Optometrists, either). To follow in detail the application of hygienic practices, we will assume a patient to be on the point of entering a consulting room, and step by step follow the examination.

The patient is received in the consulting room by our ideal optometrist, clad in a spotless white coat. He is shown to a seat adjoining the desk. The optometrist's first act, after the initial greeting, is to thoroughly wash his hands with mild antiseptic soap. This act—an absolute necessity—impresses the patient. After the history is recorded the optometrist proceeds to the external examination of the eyes. The condenser, corneal loupe, etc., are taken from the sterilizing cabinet (to be presently described). Here the necessity for clean hands first arises. No one cares to have his or her lids everted or the intra-ocular tension taken, with fingers which have not been washed since they were on the eyes of the previous patient. It may be necessary to again wash the hands here.

Next follows the internal examination, and if the Direct Method of Ophthalmoscopy is employed, both patient and opto-

metrist have cause to appreciate a sweet breath. It is possible, however, to regulate one's breathing so as to reduce discomfort to a minimum. If the Indirect Method is used, this trouble may not occur. When the Morton or similar hand ophthalmoscope has been finished with it should be returned to the sterilizing cabinet. If a stand instrument was used, the chin-rest and other parts in contact with the face or breath should later be wiped over with cotton-wool saturated with dilute formalin or similar preparation.

We next proceed to ophthalmometry, the instrument being treated after use as the stand ophthalmoscope.

Testing Chairs.

The patient is now directed to the testing chair. Now a word on testing chairs may not be amiss. Most optometrists use an ordinary large chair, on the floor or slightly elevated on a platform. A chair is, perhaps, the last thing he may consider from a hygienic point of view. Think for a moment of the thousands who occupy it during the year. It needs to be as regularly and thoroughly cleansed as does anything else used by the public. From the point of view of Hygiene as well as of convenience and comfort, testing chairs demand our attention. Imagine a modern dentist or even a barber doing his work in an ordinary chair. They did so originally, but that is no reason why we should maintain mediaeval equipment in an otherwise scientifically efficient testing room. There are several excellent testing chairs on the market, such as the Archer and the Globe. These are capable of elevation and depression and such other movements as may be required. A head-rest is provided. The woodwork of the chairs is hard white enamelled, and can be thoroughly cleaned. These chairs are naturally somewhat high in price, but are worth every penny of the sum asked. If this expense cannot be undertaken it is no excuse for the optometrist not having an efficient chair. It is quite possible to have a chair made locally which is a vast improvement on any standard style of chair usually sold.

The Sterilizing Cabinet.

(Note. — In a subsequent article the writer proposes to discuss the Sterilizing Cabinet, Trial Case, Trial Frames, etc. It is with great satisfaction that he hears from reports to hand that the V.O.A.—that most progressive of all State Associations—is adopting the suggestions of the Conference on the question of Hygiene.)

(To be continued.)

Optometrists are specialists in prescribing glasses to healthy eyes either to improve the vision or to make seeing more comfortable, or both.

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