

Surgeon-Lieutenant Andrew Edward Hodder, from the 1st Volunteer Battalion, The Manchester Regiment.

#### VOLUNTEER OFFICERS' DECORATION.

The Volunteer Officers' Decoration has been conferred upon the following:—

*London District: (Infantry Volunteers):* 2nd Bucks (Eton College) Volunteer Rifle Corps; Surgeon-Major Edward Stacy Norris.

*Scottish Command: Infantry (Volunteers):* The Queen's Rifle Volunteer Brigade, The Royal Scots (Lothian Regiment): Surgeon-Major John Hugh Alexander Laing. 1st Dumbartonshire Volunteer Rifle Corps: Surgeon-Lieutenant-Colonel John Robert Fleming Cullen (retired).

#### DEATHS IN THE SERVICES.

Fleet-Surgeon Richard Eustace, R.N., at Bournemouth, on Sept. 10th, aged 75 years. He entered the service in 1854, was appointed staff-surgeon in 1862, fleet-surgeon in 1874, and retired in 1879. He served as assistant surgeon in the Baltic in 1854, and in the flagship of Rear-Admiral Bruce, Commander-in-Chief, Pacific Station, at Petropaulovski in 1855, during the Russian war of 1854-55 (Baltic medal). He also served as staff-surgeon in the *Himalaya* on the Gold Coast during the Ashantee war (Ashantee medal), and received the thanks of the Admiralty for the care of the sick in the troopship and was specially promoted to (staff) fleet-surgeon. He was awarded the Sir Gilbert Blane gold medal for "Medical and Surgical Journal of 1873," containing, among other matters, an account of the intermittent and remittent fevers and malarious forms of dysentery, which decimated the greater part of the Royal Marines landed on the Gold Coast in the summer of 1873.

#### THE ARMY AND NAVY MALE NURSES' COÖPERATION.

The report of the executive committee of this coöperation, which was received at the first annual general meeting held on July 31st at 47B, Welbeck-street, under the presidency of Sir Frederick Treves, Bart., G.C.V.O., C.B., has now been published in the form of a pamphlet. It can be obtained from the secretary at the offices of the society. The report points out that the system of male nursing in England at this moment is inefficient and imperfectly organised but that the association is doing much to improve it by keeping together a class of men who have already been trained for a valuable calling.

#### TERRITORIAL FORCE AND CIVIL PRACTITIONERS.

Civil practitioners are not to be engaged for the medical charge of units of the Territorial Force at the annual training in camp at payment exceeding contract rates without previous authority.

## Correspondence.

"Audi alteram partem."

### TESTING THE VISION IN SCHOOL CHILDREN.

To the Editor of THE LANCET.

SIR,—The letter in THE LANCET of Sept. 12th by Dr. J. S. C. Elkington on an Improved Method of Testing Distant Vision Acuity in Schools leads me to say that all inspectors of such a function as the eyesight should be fully conversant with the use of the retinoscopic mirror—preferably a large "flat" mirror. All tests carried out by the usual methods of expressing what is seen at a certain distance are fundamentally defective, for the very simple fact that the individual whose eyeball is axially of a perfect length is the very one who ought to be most carefully examined in that there is no material left to allow for extension of the tunics of the eyeball. In other words, the more correct in shape an eyeball is in a young subject the more liable is short sight to come on if at any time the natural elasticity of the tunics of the eyeball should be lost. By means of the shadow test any approach to exactness of axial length can be instantly gauged, and if a note of such be kept a future examination will at once reveal whether any stretching has taken place. Further, the general condition of the child if at all inclined to be weakly would under such circumstances lead one to warn parents and teachers to keep careful

observation on the child's near work—in fact, lead them to anticipate myopic "habits" before their onset. Were such children tested by the reading chart at 6 metres no defect would be discovered until *myopia had set in*, whereas had the mirror test been employed a "tendency to myopia" could be discovered or suspected before mischief had occurred. This anticipatory attribute of retinoscopy is the chief, but not only, reason for its adoption. It is just as expeditious and far quicker in practice in discovering hypermetropia and astigmatism. Moreover, one need not be an expert refractionist to be able to carry out the test. All that one requires is the mirror and convex lenses of 1, 1.5, and 2. The child is seated at a full arm's length from the examiner and beneath any ordinary light in a darkened room or even under the shade of an umbrella. Now the observer notes the direction of the moving shadow which is made on the pupil of the child's eye by the beam of parallel rays thrown on it by the flat mirror. If the shadow move against the direction of the beam of light we know at once the eye under observation is myopic or nearly so and, at all events, requires attention of the specialist. If, however, the shadow "move with" the motion of the mirror all that is required is to find which lens of the three possessed by the observer reverses it. If +1 reverses, the patient should be referred to a specialist, as the eye is probably so nearly correct that actual presence of, or any tendency to, myopia must be excluded before the child is allowed to continue its studies. If, however, +1.5 or +2 reverse, it is advisable to try the other eye to see if there be much difference between them. Should this be the case further examination is imperative. When these lens reverse the shadow in both eyes nothing further need be done unless symptoms, such as headaches, eye-strain, &c., are complained of. Should no reversal be obtained superimpose the +1 and +1.5 lens, or the +2 with either of these, and if no reversal follows we can be sure that we have to deal with a case of hypermetropia which will require the use of atropine. Reversal obtained by lenses below or of 3 D. can be left untreated unless eye-strain symptoms are complained of. In a similar manner errors of astigmatism are rapidly discovered; in fact, in many cases one glance at the line of light which is so palpably evident in astigmatism gives the case away at once without any need of the confirmatory evidence of the plus lenses. All the above cases in the great majority of instances can easily pass the visual acuity reading test and in unlearned children afford the only reliable test possible. Regarding the time occupied in testing by the reading type *versus* the mirror test there is no question which is the more rapid, and for this reason alone it is worth cultivating. Finally, in that it exposes the real axial length of the eye at the time when the vision is best and *before the onset* of myopia its adoption should be compulsory. The compulsory examination of children in public schools is one of the greatest blessings for the coming generation which have evolved by the aid of law for many years, but its great failing is that we cannot apply it to our private schools where *it is so much more needed*, at least as regards vision; hence it is the duty of all medical men to instruct their better-class patients to see that their children are sent to schools where they will at least have the same treatment as is given to that of our working classes.

I am, Sir, yours faithfully,

A. ALISON BRADBURN, F.R.C.S. Edin.  
Ophthalmic Surgeon, Southport School  
Board, &c.

Sept. 14th, 1908.

### EXHIBITION AT THE CLINICAL MUSEUM.

To the Editor of THE LANCET.

SIR,—May I be allowed to inform your readers that we are preparing in the Clinical Museum a third classified exhibition of drawings, &c., and shall much value any assistance which they may incline to give us. Great care will be taken of all exhibits which may be sent on loan. The exhibition will deal with syphilis and all that concerns it. It will be arranged under the heads of primary, secondary, and tertiary phenomena and will give especial attention, amongst others, to the following subjects: erratic chancres, the classification and diagnosing of non-indurated sores (the *ulcus molle*), malignant syphilis, frambœsial syphilis, serpiginous or lupoid syphilis, syphilis of viscera, ophthalmoscopic conditions, the teeth, histology, and parasitism. The microscopic department