**Sir,
Direct ophthalmoscopy should be taught to
undergraduate medical students**

We read with interest the debate 'Direct ophthalmoscopy should be taught to undergraduate medical students'.¹ We offer an historical perspective and contemporary comment. Working from our own institution, the great neurologist Sir William Gowers expressed his concerns in 1879 about students lack of expertise with the direct ophthalmoscope:

I venture to direct the attention of those occupied in teaching to [...] the advantage which it is to students to acquire a knowledge of the use of the ophthalmoscope early in their practical work²

Notwithstanding Allbutt's observation eight years previously that: 'the number of physicians who are working with the ophthalmoscope today in England may, I believe, be counted on the fingers of one hand',³ Gowers championed the new technology. In the same spirit, we should welcome the introduction of modern advances (including apps such as PEEK, iExaminer, and OphthalmicDocs Fundus), while adding our own note of caution: until such devices have been validated, we must maintain the bedside skill base to recognise cardinal eye signs. As UK specialist services become more centralised, doctors in clinics, wards and Emergency Departments frequently have no out-of-hours access to an ophthalmologist, and must be confident in performing ophthalmoscopy independently.

Juniors themselves appear unequivocal. We audited our FY1s in 2012 and found them unanimous in desiring more ophthalmoscopy teaching. The teaching that followed resulted in a 22% increase in these FY1s' use of ophthalmoscopy when assessing 'red flag' headaches and severe hypertension (Bremner *et al*, 2012, unpublished data).

Moreover, in our audit of 100 medical students undertaking clinical attachments, 99% considered ophthalmoscopy an important skill, 43% felt confident

in performing ophthalmoscopy, and 69% wanted more training. When students are calling for improved training in core ophthalmic examination skills, it would be a dereliction not to respond. In doing so, could we also light a spark in the minds of gifted students who had never previously considered a career in ophthalmology? (Gallagher K, 2015, unpublished data).

The promise of high-tech devices is real, but they remain works-in-progress. Meanwhile, for the sake of timely assessment of acute medical patients with diagnostic eye signs, we must do more (not less) to ensure that all undergraduates acquire this vital skill.

Conflict of interest

The authors declare no conflict of interest.

References

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- 2 Gowers W. *A Manual and Atlas of Medical Ophthalmoscopy*. Churchill: London, UK, 1879.
- 3 Allbutt TC. *On the Use of the Ophthalmoscope in Diseases of the Nervous System and of the Kidneys; Also in Certain Other General Disorders*. Macmillan: London and New York, 1871.

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