Meanwhile the ordinary meetings of the Society were largely taken up with military subjects. The special war meetings included the discussion of the organization of the military ophthalmological services the correction of errors of refraction, and the prevention of war injuries of the eye; in a word, anything that had a bearing upon prevention. They also included medical and surgical pathology, medico-legal questions, and the problems surrounding those blinded in the war. Briefly, the Society undertook everything in its power to repair the damage caused by war, therapeutically, morally, or pecuniarily. In March, 1916, the Society transmitted to the Minister of War a report advising certain changes in the military regulations concerning the visual requirements of soldiers, pointing out the number of men whose sight could be brought to the required standard by the employment of sphero-cylindrical glasses. The Society next demanded that all ophthalmic surgeons mobilized should be employed in the pursuit of their speciality, and not be distracted by duties incidental to the exercise of general medicine and surgery. The Society took up the question of the lenses and mountings needed for a given number of men, and suggested that the sight and refraction should be entered upon the soldier's record. It also gave all the information necessary for the efficient working of centres where glasses might be obtained by ametropic soldiers. The Society has also done good work in protecting the eyes of the soldiers against injuries inflicted by small particles of low penetrative power. Various protective appliances have been devised by its members, as Terrien and Cousin, Monthus, Morax and Moreau, Polack, and Dunant. The problem, however, has yet to be solved. Among other important subjects studied and discussed by the Society may be mentioned the repair of wounds of the face and of the eye, the early treatment of wounds of the eye and eyelids, the management of cicatrizied wounds of the eyelids and the orbital cavity, questions surrounding the wearing of an artificial eye, intra-ocular foreign bodies, the relationship between wounds of the cranium and disorders of sight, injuries by "windage," night-blindness, and factitious disease, as well as simulated defect of sight, to say nothing of such medico-legal questions as the estimation of the degree of invalidity caused by hemianopsia.

Altogether, the record of the Paris Ophthalmological Society is one to be emulated by similar bodies.

The Welfare of the Blind

The Departmental Committee on the Welfare of the Blind, appointed early in 1914 by the then President of the Local Government Board, has issued its Report. It is of interest to note that the Chairman of the Committee, the Right Hon. W. Hayes Fisher, M.P.,
is now the President of the Local Government Board. The labours of the Committee were temporarily interrupted by the outbreak of war, and the "European situation precluded the Committee from pursuing the investigation of the condition of the blind in other countries."

The Report is one which merits the earnest attention, not only of the Government to which it is submitted, but of every thoughtful member of the community and especially of those intimately concerned with the care and education of the blind, and with the prevention of blindness.

The lamentable fate of the reports and recommendations of former Government Committees on subjects of equal importance is only too well known, but it seems scarcely conceivable that a Report so pregnant with far-seeing and practical suggestions as is the one before us should fail to obtain the recognition which it deserves.

The terms of reference from the Local Government Board were: "To consider the present condition of the blind in the United Kingdom, and the means available for (a) their industrial or professional training, and (b) their assistance and to make recommendations."

Acting on these instructions, the Committee has directed its attention chiefly to questions concerning the welfare of the blind. The causes of preventable blindness and measures for its prevention have not been neglected, however, and sections III and IV of the Report contain the opinions of the Committee upon ophthalmia neonatorum, occupational blindness and the education of myopic children.

The "recommendations" of the Committee are far reaching and thorough, and the attentive reader of the Report will share the conviction of the Committee that "if our recommendations are adopted, the proportion of the blind to the population will be gradually and permanently reduced." Although these recommendations concern chiefly the care and education, both scholastic and industrial, of those already blind, they include measures for the prevention of blindness from ophthalmia neonatorum and from avoidable accidents in dangerous occupations which, if carried out effectively, would do much to lessen the number of persons blind or partially blind from these causes.

We propose to deal with the Report more fully in a future number of the Journal.