In the course of enquiries with regard to certificates for blind persons the following statement drawn up by the Lady Almoner at the Royal London Ophthalmic Hospital was brought to the notice of the Council. The Council considers that the information contained in this statement may be of considerable value to ophthalmic surgeons, and has therefore obtained permission to publish it from the Committee of Management of the Royal London Ophthalmic Hospital.

Until lately it has been the practice of the surgeons of the Hospital to certify patients who are blind by signing a certificate to this effect. Such certificates are required by the patients themselves, by voluntary associations, and by government departments, for many and various purposes. There is, however, a growing disinclination among some of the members of the surgical staff to sign such certificates on the grounds that services for State purposes should receive financial recognition.

If such a principle is accepted, in general, by ophthalmic surgeons, it becomes immediately necessary to separate those applications that are required for State purposes from those required by charitable agencies.

A rough classification is as follows:

**For Charitable Purposes**

Voluntary associations require blind certificates before they can (1) send blind patients to convalescent or permanent homes, (2) provide dentures, spectacles or artificial eyes, (3) arrange for home visitors, extra comforts or regular lessons in Braille, or (4) post books from the library for the blind.

**For Semi-Charitable Purposes**

Blind certificates are required before arrangements can be set on foot to train adult blind persons in the existing workshops. These workshops (Swiss Cottage, Tottenham Court Road, etc.) are maintained by charitable organizations—but receive Government grants in aid.

**For State Purposes**

(1) The L.C.C., in conjunction with the Ministry of Health require a blind certificate before allowing blind persons to derive benefit from their home teachers' scheme. (This is purely a London organization and does not affect the Provinces.)

(2) Those persons anxious to apply for the Blind Old Age Pension must produce a certificate of blindness.
The issue is, therefore, only clearly defined as far as the Blind Old Age Pension Act is concerned. The ophthalmic surgeon is here definitely assisting the Government to carry out social legislation. There is a misapprehension current that the Act provides the payment of a £3/3/0 fee to an ophthalmic surgeon on every case. That is not so. The Ministry of Health is empowered to pay an ophthalmic surgeon's fee only on an appeal case, and then only if the Regional Medical Officer cannot make a decision.

The Usual Procedure

The determination of a claim to a pension under the Blind Persons Act, 1920, rests, in the first instance, with the local Old Age Pensions Committee. No public funds are available to defray the cost of providing evidence of blindness for submission to the Committee. Every applicant is given a written statement to this effect, namely—

“A claimant to a pension under the Blind Persons Act, 1920, does not fulfil the statutory condition of blindness unless he or she is ‘so blind as to be unable to perform any work for which eye-sight is essential.’ Neither the Committee nor the Sub-Committee have any power to defray any expense to which the claimant or any other person may be put in connection with the claim, or any expense in connection with any certificate or other matter.”

The Ministry of Health is not notified of any straightforward case—the Pensions Committee being responsible to the Treasury. There is not even a representative of the Ministry of Health on that Committee.

In the event of an appeal to the Minister of Health against a Pensions Committee's decision, it is the practice of the Ministry to refer the case to the Regional Medical Officer of the district, and, if he is not able to give a final decision, then the Ministry will pay a fee to an ophthalmic surgeon with a request for an examination of the case supplemented by a report.

It has been argued that all applicants for the Blind Pension should be examined by the Regional Medical Officers. The impossibility of this will be obvious when it is realised that for the "London District" (which extends from the Wash to Portsmouth and includes the Metropolis) there are only ten Regional Medical Officers in the whole area.

The part played by the Blind Societies in the administration of the scheme is merely incidental. Cases that come to the notice of the Blind Society are assisted in form filling and with advice. The Blind Societies are instrumental in reducing the number of appeal cases, and the aged blind who obtain their help receive their pensions with the least possible annoyance and delay. Without such backing many old persons entitled to the pension would never
succeed in obtaining it, simply because they are physically and mentally incapable of carrying through the necessary complicated regulations.

In conclusion, it seems clear that (1) the 1920 Act would have to be altered before ophthalmic surgeons could claim, with any hope of receiving, a fee from the Ministry, (2) if certificates of blindness are refused, as a preliminary to bringing the matter to the notice of the Ministry, very great hardship indeed will be involved as far as old persons are concerned.

ABSTRACTS

I.—GENERAL MEDICINE


Müller-Dehan refers to the many conflicting views and methods advocated by various authorities on tuberculin treatment. From all these conflicting opinions, and from his own observations, he has worked out a method which he considers satisfactory. In this connection it is necessary to consider the various possibilities of tuberculin treatment more accurately than is generally done.

The basic principle in this treatment is “Tuberculous Allergy,” the fact that non-tuberculous individuals are entirely unsusceptible to even the largest dose of tuberculin, while the tuberculous individual is affected by it in many different ways.

In the following remarks the term “tuberculin” refers to the old tuberculin of Koch—a concentrated filtrate of a glycerine-bouillon culture of the tubercle bacillus. All other tuberculins are to be considered as in some way weakened, detoxicated, or less toxic than the original form.

In the first place it is necessary to refer to the dangers which may result. The cause of these dangers lies in the very great individual differences in susceptibility to tuberculin, and therefore the possible occurrence of severe focal reactions in unsuitable cases. It is necessary to differentiate between local reaction at the point of injection or inunction—general reaction—of which temperature rises are the most marked symptoms, and focal reaction in the diseased tissue. A few cases are cited showing the dangers of beginning with large doses, and he therefore states that all diagnostic or therapeutic tuberculin injections must begin with