Bowman Library; and to Sir John Parsons, who as President of the Ophthalmological Society has made many valuable suggestions to the Committee. It should be easy to keep the library up to date, as all new works are purchased by the Royal Society of Medicine on the recommendation of the ophthalmological representative on the Library Committee. The hard work, ungrudgingly given, by previous librarians of the Bowman Library, notably by Mr. Adams Frost, will not be wasted, for in its new setting the ophthalmological library will be one of the finest in existence.

THE COUNCIL OF BRITISH OPHTHALMOLOGISTS

The Council of British Ophthalmologists presents the following report on an Inquiry “How far the recommendations of the Departmental Committee on the Causes and Prevention of Blindness with reference to Ophthalmia Neonatorum have been put into practice.”

The recommendations of the departmental committee were as follows:

1. We recommend that in every area, whether urban or rural, the Ministry of Health should take measures to secure the provision of suitable hospital accommodation for babies suffering from ophthalmia neonatorum and for their mothers.

2. We recommend that the Ministry of Health should take steps to ensure that adequate nursing provision is always available for cases of ophthalmia neonatorum which are not admitted to hospital.

3. We recommend that in cases of suspected ophthalmia neonatorum facilities for consultation with an ophthalmic surgeon and for bacteriological investigation should be provided wherever practicable.

4. We recommend that arrangements should be made for pupil midwives to visit ophthalmic hospitals, or the ophthalmic departments of general hospitals for the purpose of gaining direct experience of ophthalmia neonatorum.

In order to determine how far practical measures are being adopted on these lines the following questionnaire was distributed to ophthalmic surgeons in all the important ophthalmic centres in Great Britain:

(1) (a) Have you adequate hospital accommodation in your district for the admission of both infants and mothers in the severe cases?
(b) Have you out-patient facilities for the treatment of the milder cases with ophthalmic supervision?

(2) Have you in your area skilled nurses who could be called on to give the adequate amount of attention to these cases?

(3) (a) Are ophthalmic surgeons being called into consultation in your district for this purpose?
(b) Are there facilities for bacteriological investigation available, and are they being utilized?

(4) (a) Are there such facilities in your district?
(b) Are the nurses attending and getting practical instruction? If not can you make any suggestions which would further these ends?

(5) (a) What is the number of cases of ophthalmia neonatorum which occurred during the last four years in the counties or boroughs in your district?
(b) What is the number of cases of defective vision and blindness resulting therefrom? (Such information can probably be obtained from the local Medical Officer of Health.)

(6) Do the medical students in your teaching schools (if any) gain practical experience of ophthalmia neonatorum and its treatment?

Eleven replies were received from the London area.
Fifty-one replies were received from the towns or county areas for the rest of England and Wales.

The replies from eleven counties in Scotland were summed together.

The data received are of course by no means complete for the whole country, but are considered to be fairly representative of the conditions which exist.

The answers to the various questions are summarized as follows:

(1) (a) Have you adequate hospital accommodation in your district for the admission of both infants and mothers in the severe cases?

Reply: London area.—"Yes," or "sent to St. Margaret's."
Rest of England. 43 Yes, but of these in two it is stated they take the babies but not the mothers.

In one large town the accommodation is said to be barely adequate.

7—No. 1—not answered.
Scotland—10—Yes. 1—No.
(1) (b) Have you out-patient facilities for the treatment of the milder cases with ophthalmic supervision?

Reply: London—Yes.
Rest of England.—
42—Yes. 6—No. 1—not answered. 2—doubtful
Scotland—6—Yes. 5—No.

(2) Have you in your area skilled nurses who could be called on to give the adequate amount of attention in these cases?

Reply: London—as a whole—Yes (but this probably means at hospital).
Rest of England.—39—Yes. 7—No.
One large town has trained visitor who distributes cases to doctors or hospitals.
   One town—doubtful.
   One town—partial.
   Two towns—no reply.
Scotland—All—Yes.

Considering the small number of nurses in the country who have had skilled ophthalmic training, and also the difficulty of treating sporadic cases occurring in the outlying country districts the Council is inclined to think that the affirmative replies to this question must be somewhat optimistic, especially those from Scotland, which are unanimous in stating that adequate nursing provision is available.

The situation could be materially improved (see recommendations), not only by making the large towns which have ophthalmia neonatorum centres definitely responsible for larger surrounding areas, but by mapping out the whole of the country into districts which shall have each an ophthalmia neonatorum centre, and by issuing clear instructions to the Medical Officers of Health, that cases from these areas should be sent in by ambulance transport of both mother and child where necessary, at the earliest possible moment for treatment. (Compare organization for asylums.)

Such an administrative change would appear advisable from the experience at ophthalmia neonatorum centres where it is found that cases coming from the immediate neighbourhood are seen early and do well, while those which come from outlying areas are—owing to difficulty and delay in transport—seen late on in the disease, when irreparable damage has often already been done.

(3) (a) Are ophthalmic surgeons being called into consultation in your district for this purpose?

Reply: London.—The answers are “not by local authority,” or “no—except at the hospitals.”
Rest of England.—38—Yes. 10—No.
   In one town the V.D. Officer superintends treatment.
   In two towns no answers were given.
Scotland—6—Yes. 5—No.
These replies appear quite as good as could be expected as a whole. In the districts where it is stated ophthalmic surgeons are not being called into consultation, there are hospitals or infirmaries in the immediate vicinity to which the babies could be brought.

(3) (b) Are there facilities for bacteriological investigation available, and are they being utilized?

London.—Bacteriological investigation always available—(at hospitals).
Rest of England.—44—Yes. 7—No.
Scotland.—10—Yes. 1—No.

Since the treatment is dependent on the clinical appearances rather than on the actual bacteriological finding in the large majority of the cases, we are of opinion that the facilities for bacteriological examination are adequate.

(4) The Departmental Committee recommended that arrangements should be made for pupil midwives to visit ophthalmic hospitals, or the ophthalmic departments of general hospitals for the purpose of getting direct experience of ophthalmia neonatorum.

QUESTION: (a) Are there such facilities in your districts?
REPLY: 24—Yes. 24—No. 3—not stated.

Of these 24 negative replies, most are from smaller towns where midwives would probably not be trained, but the list includes a number of large towns.

QUESTION: (b) Are the nurses attending and getting practical instruction? If not, can you make any suggestions which would further these ends?

Of the 24 centres in England (excepting London) where instruction is given in nine it is stated that the nurses are not getting practical instruction.

London—5—Yes.
Scotland—4—Yes. 7—No.

The general lectures which are given to nurses at training centres include the care of babies' eyes in maternity cases, but owing to the lack of material, no regular practical instruction is possible, with certain exceptions.

In London such instruction is given at St. Margaret’s and to some extent at the Royal London Ophthalmic Hospital. St. Margaret’s is the chief centre in London both for lectures and practical instruction. The greater number of serious cases occurring in the London area being sent to this hospital, there is little clinical material at the other hospitals on which to base practical teaching. At St. Margaret’s there is ample and full organization for instruction, but in our opinion it is still not used as it should be.
Throughout the country either the absence of sufficient numbers, or the faulty centring of cases of ophthalmia neonatorum for treatment at the ordinary hospital clinics is largely responsible for the regretfully small amount of practical instruction given on this subject to district nurses, midwives, and medical students.

The mapping out of the whole country into definite areas each with its ophthalmia neonatorum centre, as already recommended, would not only ensure much more efficient treatment of the cases themselves, but at the same time supply the material to make possible the organization of practical courses of instruction.

Such instruction, in the opinion of the Council, should be made a compulsory part of the training both of district nurses and of midwives.

With a view to getting some idea:
(1) As to the incidence of ophthalmia neonatorum throughout the country and the number of cases of blindness or impairment of sight.
(2) As to the practical instruction given to students in teaching schools.

The following questions also were asked:
(5) (a) What is the number of cases of ophthalmia neonatorum which occurred during the last four years in the counties or boroughs in your district?

(b) What is the number of cases of defective vision and blindness resulting therefrom? (Such information can probably be obtained from the local Medical Officer of Health.)

It is difficult to know how much stress can be laid on the actual figures given owing to the incompleteness of the returns. For example: in several, no numbers are given; in some, the cases of blindness and defective vision are classed together. In others the numbers for only one or two years are given, rendering comparison impossible.

Though the Council feels that the returned figures cannot be looked upon as strictly accurate it would like to call attention to the excellent returns and results in some of the large towns, especially—

**Manchester:** —2,278 cases—no blind, 3 defective.

**Liverpool:** —2,727 cases— 4 blind, 18 impaired.

**Birmingham:** —1,665 cases— 4 blind, 17 defective.

**London:** —2,869 cases— 1 blind, both eyes.

(St. Margaret’s) 4 blind, in one eye.

30 both eyes impaired.

56 one eye impaired.
On the other hand, some returns are disappointing. The Council is of opinion that the good returns from the larger centres, as compared with some of the smaller ones, form strong argument for the centralization of cases of ophthalmia neonatorum as already recommended.

(6) Do the medical students in your teaching schools (if any) gain practical experience of ophthalmia neonatorum and its treatment?

In 38 of the centres from which replies are obtained there are no teaching schools.

Five—Yes.

To meet the serious and widespread absence of practical experience and instruction of students in the treatment of ophthalmia neonatorum the Council is making a recommendation to the General Medical Council.

Summary of Recommendations

In view of the continued prevalence of ophthalmia neonatorum and its serious effect on sight, leading to misery and incapacity, as well as to public and private expenditure, the Council recommends that:

The MINISTRY OF HEALTH be advised:

(1) That the whole country be mapped out into districts, each of which should have an ophthalmia neonatorum centre; and that all large towns which have an ophthalmia neonatorum centre should undertake the treatment of cases occurring not only in the towns but in the surrounding areas.

(2) That where necessary, existing centres should be responsible for larger areas than at present, and that arrangements be made for ambulance transport of both mother and baby, if required.

(3) That it should be made a compulsory part of the training of district nurses to attend one of these centres for practical instruction in the application of treatment in such cases.

The CENTRAL MIDWIVES BOARD be advised:

That, in accordance with the recommendation of the Departmental Committee, as centres for the treatment of ophthalmia neonatorum are established, it should be made a compulsory part of the training of midwives to attend one of these centres for practical instruction in the recognition of these cases.

The GENERAL MEDICAL COUNCIL be advised:

That it should be made compulsory for all students to attend once at least at one of the ophthalmia neonatorum centres for practical instruction in the management and treatment of these cases, the most convenient time in the curriculum being during attendance at the course on fevers.