

distribution of the blood vessels. The veins and arteries at the lower part were small compared with those at the upper part. The vessels all seemed to come more from the nasal than the central part of the nerve.

There was no other congenital abnormality in the eye and there was no spot of choroidal or other disease at any part of the fundus.

I formed the impression, at the time, that the condition might be due to, or connected with, an unusually placed division of the central retinal artery and vein coincident with, perhaps connected with, the late closure of the choroidal cleft.

ANNOTATIONS

Ophthalmic Benefits*

Ophthalmic surgeons have taken comparatively little interest individually in ophthalmic benefits and in the various administrative schemes which have been proposed. Now that the valuation period of the Approved Societies is rapidly approaching it is more than probable that there will be an increase in number of the societies who will give this additional benefit. It originally arose as the result of some of the societies wishing to provide their members with glasses to correct errors of refraction, and when first instituted by them was called an optical benefit and was administered under the clause in the Insurance Act which provides for instruments. The patients were for the most part sent to sight-testing opticians who provided them with glasses. Mainly as the result of a repre-

* The following are the Ophthalmic bodies interested.

Council of British Ophthalmologists.

Body constituted by a meeting of British ophthalmologists who hold an annual meeting and elect a Council.

The Council is composed of Presidents and Past Presidents of the Ophthalmological Society of the United Kingdom, the Section of Ophthalmology of the Royal Society of Medicine, and the Oxford Ophthalmological Congress, together with elected representatives from these bodies.

The Ophthalmic Committee of the British Medical Association appointed by the Council of the B.M.A., and composed of ophthalmic surgeons with affiliated members from the other sections of the B.M.A., together with three members of the C.B.O. (a recent concession).

Association of Dispensing Opticians.

A recently formed Society of Dispensing Opticians for their members' welfare.

National Ophthalmic Treatment Board. (N.O.T.B.) Consists of three representatives from the B.M.A., and three representatives from the Society of Dispensing Opticians together with the secretary of the B.M.A., and the secretaries of the Dispensing Opticians.

? Provision made for Insurance Societies.

sentation first, by the Council of British Ophthalmologists and secondly, by the British Medical Association, the name of the benefit was changed to an ophthalmic benefit, and some of the societies issued a letter which provided a fee of one guinea to the ophthalmic surgeon (who saw the patients at his residence) and a contribution towards the cost of spectacles. Other of the societies continued to send their cases to sight-testing opticians and sent them to ophthalmic surgeons only if the sight-testing opticians advised it. As the funds of most of the societies did not allow of paying a fee of one guinea to the ophthalmic surgeon in all cases, the ophthalmic surgeons as represented by the Council of British Ophthalmologists and the British Medical Association agreed to see these patients for half a guinea if they were seen at a clinic.

At the present time there are three bodies of the medical profession who are attempting to organise clinics for this purpose, the Ophthalmic Service Ltd., the British Medical Association and the Ophthalmic Hospitals of London. Of these bodies it is obvious that the British Medical Association has at present far better machinery to effect the necessary arrangements. The scheme which they have put forward is one which was suggested to them originally by the dispensing opticians. It consists in the establishment of what are termed home clinics, in which the patient is seen at the consulting room of the ophthalmic surgeon, and of central clinics which have a centre in the district where patients are seen in a clinic set up and financed by a dispensing optician. The appointments in both cases are made by the opticians who also collect the fees for the ophthalmic surgeon. The management is under a joint committee of members of the British Medical Association Ophthalmic Committee and of dispensing opticians and is called the National Ophthalmic Treatment Board. The expenses of the National Ophthalmic Treatment Board are defrayed by a Guarantee Trust known as the Thayer Trust which is at present guaranteed by dispensing opticians and in which the British Medical Association hope to take a part. The central clinics are set up and paid for by the individual optician at his own risk and have nothing to do with the guarantee put up in the form of the Thayer Trust. The Council of British Ophthalmologists have raised a strong objection to the scheme put forward for the management of the central clinics. They think it is derogatory that the ophthalmic surgeon should be dependent on the optician for finance and also consider that the arrangement for the consultation should be directly between the surgeon and his patient without the intervention of the optician. The ophthalmic hospitals of London have met together and have approached the societies and Ministry of Health with a view to holding clinics at the hospitals for insured patients. The scheme has been favourably received and it is hoped

will be extended to the ophthalmic departments of other hospitals and to the provinces. The surgeon who advises the patient is to receive the fee for consultation. The great advantage of this scheme is that it would be less expensive to manage, a more efficient staff would be obtained and a proper supervision would be given to the clinic. It is unfortunate that the British Medical Association scheme and hospital scheme cannot be so modified as to work in conjunction with each other. It is obvious that the majority of ophthalmic surgeons, at any rate in London, would not agree to work under the conditions of the British Medical Association scheme, at rooms or shops set up by an optician at his own expense.

Elementary Ophthalmic Ethics

We understand that a circular letter has been addressed to ophthalmologists by the Secretary of the British Medical Association, calling attention to the fact that, according to information received, "a body of sight-testing opticians is circularising registered medical practitioners who practise as ophthalmic surgeons inviting them to place their names upon 'a Register of ophthalmic surgeons for the use of Approved Societies in cases which, having been examined by a qualified optician upon the register of the Joint Council of Qualified Opticians, were referred for further advice or treatment.' This list is to be compiled by the Sight-testing Opticians' Society upon the recommendation of local sight-testing opticians."

The secretary of the British Medical Association points out that there is "already in existence a list of approved ophthalmic medical practitioners prepared by the British Medical Association, printed and issued by the Ministry of Health. This list is furnished to Approved Societies and other responsible persons on request."

The secretary of the British Medical Association emphasises the fact that any medical practitioner allowing his name to be placed upon such a list, prepared by a lay body for the use of other lay bodies, is liable for grave reflection cast upon his character for a breach of professional ethics. "Such action," he says, "cannot but be regarded as an undesirable method of gaining introductions to patients." This is a fact which is patent to all responsible medical practitioners, and needs no further comment from us.
