Ghizeh: the arteries of the fundus were like fine threads, and they seemed to be interrupted, especially on the temporal side.

On May 25, the patient showed increase of the blood-pressure, up to 260 mm. Hg. Treatment: Iodine, laxatives; milk and fruit diet.

In June the blood-pressure dropped to 210, but I found 10 per cent. albumin in the urine, with hyaline casts. Urea in the blood—13 mgm. only. The Wassermann reaction remained negative, even after one injection of neo-salvarsan.

Till to-day, the state of the eye is unchanged; a further careful examination with Gullstrand’s ophthalmoscope showed nothing new.

In the beginning of November, 1930, the heart conditions were, according to Prof. Schrumpf Pierron, the following: Severe, still active aortitis with slight enlargement of the left heart and high blood-pressure (140/220). The embolus was very probably due to a parietal thrombosis of the atheromatous aorta. No peripheral arteriosclerosis.

Conclusion:—Case of embolic occlusion of the central artery, with sudden blindness. Naturally there was no success as a result of any treatment, whilst in spasmodic occlusion due to progressive sclerosis of the artery, there is often a chance of recovery by aid of early and energetic treatment.

ANNOTATION

"Following up"

Under the heading of "Wasted effort in the Clinics" we find the following depressing statement in the American Journal of Ophthalmology for May 1931. "Forty cases of corneal ulcer (ordinary abrasions not being included), 16 cases of interstitial keratitis, 33 cases of phlyctenular keratoconjunctivitis, 21 cases of iritis, 54 cases of disease of the choroid and retina, six cases of papillitis, two cases of papilloedema, 26 cases of optic atrophy, and 12 cases of glaucoma made but a single visit each." One wonders whether similar figures would be found in English Out-patient Departments. One's impression is that they would not, but it is an investigation that might well be worth while carrying out, and the result might easily be surprising. One obvious fallacy would have to be borne in mind, however, namely, that out-patients frequently transfer themselves from one hospital to another, particularly when they have been given unpalatable advice, such as removal of an eye for a suspected malignant growth. The writer has seen many cases in his clinic who have
already been seen at another hospital, and doubtless many of his patients have similarly passed on to other hospitals so that the actual results may not be so bad as indicated by the figures quoted above. The only way to obtain reliable statistics would be to have an efficient "follow up" system whereby a patient who was affected with a serious eye condition and had made only one visit to a hospital would be seen at his home by a suitable person, in order to find out whether efficient treatment had been obtained. Whether the average British out-patient would submit to such an inquisition is a matter of doubt, but the adoption of a scheme like this would probably mean a considerable saving of unnecessary pain and suffering. The statistics obtained would also give the surgeons of ophthalmic hospitals an idea of the value of their work.

COUNCIL OF BRITISH OPHTHALMOLOGISTS

Report of Sub-Committee on the Certification of Blind Persons

The Committee is of the opinion that:

1. Except in certain localities certification of the blind is done in a haphazard manner, and there is a lack of uniformity both in the method of certification and in the nomenclature of the diseases certified as the causes of blindness; in addition to this a large number of the applicants require very careful examination and consideration before a decision can be given.

2. A complete and uniform record of the blind population of the United Kingdom, compiled on a reliable basis, is most desirable, and would be an important step in aiding preventive medicine to reduce the numbers of the blind.

3. Reports from Liverpool, Glasgow and elsewhere show that in the present complete absence of system considerable numbers of persons are certified as blind and thereby are placed in a position to draw pensions and other advantages from public and charitable funds, who are not entitled to such benefits, while others of the blind population never come under observation at all. Any statistics which may at present exist are therefore quite misleading.

4. A system under which the entire blind population comes under review needs to be established, and steps should be taken to ensure that it be of universal application.

5. The system of clinics which has now been working for two years in Glasgow has proved its efficiency and meets with the warm