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
approval of the Committee, and on some such basis similar clinics should be established in all large centres of population.

6. The system adopted should also be available for use in isolated areas by ophthalmic surgeons recognized for the purpose of certification. Such surgeons should have power to refer doubtful cases to the nearest clinic.

7. The determination of the suitability of children of school age for special forms of education and of applicants for technical training under the Blind Persons Act, should be a function of the surgeons working the system.

8. Certificates of blindness, except such as are granted by ophthalmic surgeons working the system, should not be accepted by public authorities or by charitable agencies.

9. If such a scheme as is contemplated above can be adopted, the causes of blindness will be duly ascertained and recorded on a uniform basis for the whole Kingdom, and statistics of the most varied character will be available in a way unequalled by any other nation.

---

ABSTRACTS

MISCELLANEOUS


(1) Bailliart states that papillary stasis (oedema) is present in certain forms of general arterial hypertension, in some affections of the orbit, optic nerve and eyeball, and in myelitis though this is not always accompanied by increased intracranial pressure. He agrees that stasis of the papilla is a sign of increased intracranial pressure except when found without headache or without increased pressure of the spinal fluid. He quotes Oppenheim and Bollack who found in 100 cases of papillary stasis 90 of cerebral tumour, and Kamphierstein who found 134 cases of cerebral tumour in 200 cases of papillary stasis. On the other hand, Guillain and Lagrange reported the absence of papillary stasis in 46 per cent. of cerebral tumours, and it is true that some such tumours give no indication of increased intracranial pressure.

In 1928, Bailliart reported his findings of retinal arterial pressure: diastolic 30 to 35 mm. of mercury, and systolic 70 mm. mercury. Claud, Lamarche and Dubar gave diastolic 35 to 40 mm.