Dixey, Hamblin, and Keeler. Messrs Down Bros. and Weiss exhibited surgical instruments and Messrs. Pulman’s a stall for stationery, files and card index cabinets.

Social Events.

The Annual Dinner of the Congress was held in the Hall of Keble College on Thursday, July 7.

On the same day the members of the Congress were received by Professor and Mrs. Townsend at tea in New College.

The success of this Congress is characterized by the high scientific standard of many of the papers and the corporate life in Keble College which fosters a spirit of bonhomie and promotes informal and valuable discussions on medical and other matters.

H. B. Stallard.

COUNCIL OF BRITISH OPHTHALMOLOGISTS

Report on the Subject of Compensation for Eye Injuries

The Council of British Ophthalmologists having considered the subject of Compensation for Eye Injuries has arrived at the following conclusions:

The attention of the Council was drawn to this matter by a paper read by Dr. J. Paterson of Edinburgh to the Ophthalmological Society of the United Kingdom in 1931, from which the following is a quotation:—

"The greatest advance in ophthalmic compensation would be a definite scale of payment, on a percentage basis, for the actual blinding or loss of an eye. If such payment were made immediately, and without question, where the loss of an eye was proved, much of the tendency to remain off work would, in my opinion, be counteracted. The present methods are calculated to arouse a valetudinarian habit of mind in the workman, and the period of incapacity tends to be greatly prolonged."

It is admitted that in many, if not in most, occupations, the employee could learn to perform his work and earn the normal wages, with a single eye, and if we were dealing with an accommodating employer, a willing employee, and a guarantee of continued employment, the present form of compensation, i.e.,
payment of part wage during incapacity, would usually be adequate, but a number of factors disturb this ideal state:

1. There is usually no guarantee of permanency in the employment, and if reduction of staff takes place the less efficient workman is discharged, and if he is known to have a disability, or has a visible disfigurement, his chance of re-employment is reduced.

2. Except in the case of the relatively few key men or indispensables, the existence of friendly relations between employee and employer does not come into the picture. The question of compensation lies between the employed, or his agent, and the Insurance Company.

3. The loss of an eye entails several quite definite handicaps—contraction of field, loss of stereoscopic vision.

4. Even a perfectly willing workman cannot always adapt himself readily to work with a single eye, and in certain occupations this is particularly difficult. Age is a factor of some importance.

5. A man who has lost one eye is naturally apprehensive as to the safety of the second eye if he resumes the same occupation.

6. Where the injured eye has not been completely blinded, or removed, distortion of vision with it may interfere with working capacity.

For these and other reasons, many workmen, even of the most self-respecting type, refuse the settlement offered, and once the process of litigation sets in, the state of affairs arises with which we are all familiar: the accident, the disability, the prospects of his "case," prejudice against Insurance Companies, become the man’s chief interests in life, and his discussions with his friends, relations, and legal agent, react on him to produce (apart altogether from wilful malingering) a deterioration of eyesight, general morale, and general physique. Much money may be expended on law agents and medical witnesses with very little definite gain to the man.

What has been stated above regarding loss of an eye applies naturally to cases of partial loss of an eye, disfiguring injury, and so on.

If workmen’s compensation could be made to include not only payment of part wages during disability, but also payment of a lump sum on a definite scale in respect of loss of an eye, or of a proportion of central vision, or of a part of the field of vision, there would be less delay in the settlement of claims, less of the subsequent general demoralization with deterioration of eyesight and health, and less litigation.

The Council having carefully considered this question, is of the opinion that the Workmen’s Compensation Acts should be
amended in such a way as to secure to the injured workman, in addition to the benefits at present allowed in respect of loss of earning power, a lump sum payment to compensate for permanent loss of function and/or disfigurement.

This principle is already embodied in certain schemes operated by private firms in this country. The Council is able to add to this Report some details of such a scheme.

It should further be pointed out that the principle of lump sum payments for partial or total loss of vision and other ocular disabilities, was recognized in the regulations for the granting of War Pensions.

We have not attempted to deal with the construction of a scale of payments in detail, but it will be observed that in the Scheme, appended to this Report, the workmen are divided into classes according to their earnings, and that the lump sum payment received in respect of the loss of an eye is approximately equal to one year's earnings. A scale of percentage payments would naturally take into account different degrees of loss of central and peripheral vision, disturbance of binocular vision and judgment of distance, loss of the eyeball necessitating the use of an artificial eye, deformity of the socket interfering with the use of an artificial eye, disfigurement of the eye and eyelids, and other similar factors.

We would suggest further that it is very desirable that means should be devised to reduce the frequency of resort to the County Courts in Workmen's Compensation Cases and that assessment of damage done and loss of efficiency sustained in eye cases should be made, in the first instance, by two Ophthalmic Surgeons acting in consultation.

Appendix

The following is an extract from a letter received by the Council from a member of a large industrial firm, who reports that the Scheme to which it refers has been working satisfactorily for a number of years:

“Our Scheme is administered, not by the firm, but by a Committee of our own men, and the result has been that we are satisfied that not only are legal actions in the public courts avoided, but also a more intelligent and sympathetic handling of individual cases is possible than when an insurance company is dealing with the case and naturally fighting for its own hand.”

“Our Scheme, of course, gives all the benefits incorporated in the Workmen's Compensation Act in force at any time, but also gives additional benefits in the form of "Solatium," paid from a fund to which both the firm and the employees jointly contribute. It is under the "Solatium" part of our Scheme that
an employee is re-imbursed for damage to eyesight, which is a benefit additional to the aliment which he receives while he is off work consequent on the injury to the eye, either under the Workmen's Compensation Act or under our interpretation of it."

"We divide our workmen into various classes, dependent on their earnings, and the "Solatium" for the loss of an eye varies in accordance with the class of the man. I need not give you all the details, as a single example would perhaps serve your purpose."

"A man in Class I—i.e., in receipt of an average weekly pay of 60/- or over—would receive for the loss of an eye in "Solatium" a sum of £180, less a small deduction. The deduction is the aliment which he has received during convalescence, and if he were off (say) eight weeks it would be £12. His nett "Solatium" would then be £168. Workmen in lower classes receive correspondingly less, but in no case is the total sum inferior to 75 per cent. of that quoted above. An injury to an eye involving partial loss of eyesight would be "solaced" pro rata to the extent of the injury as certified by the Optical Arbiter. Thus, if the Class I man noted above lost 'half an eye' and were convalescent for eight weeks, he would receive a "Solatium" of £78. . . ."

ABSTRACTS

I.—ANATOMY


In the 1929 volume of this Journal, on page 137, will be found an abstract of an article by Koby and Juillerat which deals with the calculation of the thickness of the living cornea as examined by the slit-lamp. In this article Koby pronounced the thickness of the centre of the cornea to be around the figure 0·58 millimetre.

The present article deals with the same subject as studied by a different method, namely the employment by Fincham of his biomicroscope. Fincham's figures for the centre of the cornea are as follows:—

The most frequent value is 0·55 millimetre.
The arithmetical mean is 0·53 millimetre.
Koby's figures were respectively 0·58 and 0·59 millimetre.
Koby considers that these figures correspond fairly well considering that the methods are different; and considers also that they are nearer the mark than the anatomists, figures of 1 millimetre.