Pick mentions a case of emphysema with great dyspnoea and retinal haemorrhages in both eyes.

I am indebted to Dr. Traquair for checking the measurements of the swelling of the discs and for his courtesy in permitting me to publish this case.

REFERENCES


ANNOTATION

The Certification of Blindness

A paper under the above title is contributed to the Medical Officer of December 24, 1932, by N. Bishop Harman. In it he refers to a previous paper by Dr. G. W. N. Joseph in the issue of October 29, which deals with the report of the Union of Counties Association for the Blind, in which the author demands (1) a single definition of blindness; (2) a uniform certificate; for which purpose he gives his support enthusiastically to the form devised by the Union of Counties Association. We have not seen Dr. Joseph's paper, but any remarks by Bishop Harman must of necessity hold the attention of all ophthalmic surgeons. Bishop Harman calls attention to the steady increase shown in the numbers of the blind year by year since provisions for the blind have been devised by legislation; and this in spite of the success obtained in the diminution of blindness in children from ophthalmia neonatorum. This large increase is in the number of the blind in the later years of life, and it is likely that the increase is due to increasing disclosure of cases rather than to any additional production of blindness. It is now worth while for a blind person to disclose his disability, and we should be the last to complain that this is so. But it is only reasonable to demand some assurance that only the genuine economically blind are receiving benefits.

A single definition of blindness from the point of view of the legislature is impossible; for certification is required under three separate Acts of Parliament, namely, Education, Blind Persons and Old Age Pensions. From the education point of view blindness means that a child is unable to see to read the ordinary school books. For the Blind Persons and Old Age Pensions Acts blindness means "so blind as to be unable to perform work for which eyesight is essential." The wording differs, but in effect they have the same meaning, since for the child the reading of books is its work.
No "yard-stick, measure or formula, which shall include all the relevant factors of sight set out in plain figures" is possible. Bishop Harman gives brief details of three cases: the first, a chronic glaucoma with no perception of light in one eye has, with correction, a central acuity of 6/9 in the other and a field limited to the 5° circle. Her acuity enables her to read when she can find the place, but she has to be led about. The second case is that of an old parson with senile central chorioiditis, an absolute central scotoma and a central acuity of 0, with full peripheral fields. He can do full duty as he knows the prayer-book by heart, but he cannot see the face of a parishioner. The third case is that of a city man of 37 years of age with retinitis pigmentosa. His central acuity is 6/5; he has full fields in a good light but is severely handicapped in reduced lighting.

No universal formula will serve these cases, but only the statutory reference to work.

In the case of children Bishop Harman points out that the certification of blindness can only rarely be final; it should always be regarded as provisional and subject to revision. Where no full provision for children with defective sight exists it is inevitable that border-line cases will be drafted into the blind schools. The cure for this state of affairs is establishment of sight-saving classes. With regard to the form of certificate, Bishop Harman, while paying tribute to that devised by the Union of Counties Association, urges some criticisms of it which appear to be pertinent. He points to its complexity, including as it does 187 spaces, and notes that no space is provided for diagnosis. He contrasts this elaborate form with the simplicity of Form R.M.14 of the Ministry of Health for "Appeal cases—Blindness," which only has four spaces; a line for diagnosis, a space for the facts of the case, a space for IS or IS NOT in the declaration of blindness and a space in which the certifier is to give his reasons. He does not think that elaboration increases the value of the information given. He regards the form as dangerous in that "hearsay" is ranked alongside the facts ascertained by the certifier as though both were of equal value; e.g., in section 3, c. (1) (a) and (2) (a) and (b). The ophthalmic surgeon is directed to "state precisely" or "state precise cause" of happenings or events which are outside his ken. The reference is to accidental causes of blindness. The actual certificate is also faulty. Section (2) relating to school children is wrong in its implication. Twice the word TOTALLY (in heavy-faced type) is used to qualify the word blind. It is true that there is a saving clause, but the use of the word "totally" is irrelevant and wholly wrong, for it is contrary to the definition of the Education Act and does not apply to the majority of children who are properly pupils of blind schools. There are other points in Bishop Harman's
interesting paper to which we should have liked to draw attention, but as we append his essentials of a model form of certificate, we feel that we have overstepped the customary limits of an annotation.

"The Essentials of a Model Form.

To my mind a model form must be short. It must be designed to secure the maximum of matters of fact and a minimum of hearsay. Each question must be self-contained, and there must be no footnotes. I submit such a form. It is for the most part one in use by the largest statutory authority in the country. It works well. I have added a list of causes of blindness so that there may be a common usage of terms. The list is the shortest I can devise with the idea of prevention in view. I believe it will enable us to get all the information that we can expect to get. We are not, or ought not to be, aiming to get the maximum of interesting data but the maximum of useful data. This list would get it. A score of thousands of returns made by approved practitioners on this plan would be of real value.

CERTIFICATE RELATING TO BLINDNESS.

I hereby certify that I have examined ........................................... .................................................................

and find that his vision is as follows:—

her

Without glasses:— With glasses:—

R. V.

L. V.

Field of vision (when acuity is above 3/60):

(a) Full.
(b) Moderate contraction.
(c) Marked contraction.

(Please strike out definition not appropriate.)

NATURE OF VISUAL DEFECTS.

........................................................... ..........................................................

........................................................... ..........................................................

........................................................... ..........................................................

DIAGNOSIS (Use terms in list printed on back of form)

........................................................... ..........................................................

........................................................... ..........................................................

........................................................... ..........................................................

(1) I am of opinion that ......................................................... is so blind as to be unable to perform any work for which eyesight is essential within the meaning of the blind Persons Act, 1920. (Note: this disability refers to any work and not to his or her own occupation; and it must be distinct from any other disability of mind or body).

(2) If the person is a child under 16.

(a) Is it blind within the meaning of section 69 of the Education Act, 1921, namely, "too blind to be able to read the ordinary school books used by children," so that it can only be appropriately taught in a special school or class for blind children? (The answer should be Yes or No)....................

(b) Has the child such bad vision that it cannot read ordinary school books without risk of injury to its eyesight or that it cannot with advantage be taught in an elementary school and should therefore be taught in a Special School or Class such as a myope or sight-saving class? The answer should be Yes or No)....................

PROGNOSIS. (To be answered if possible, Yes or No)

(3) If the person is a child under 16, do you consider it likely that the child will be blind within the meaning of the Blind Persons Act, 1920, on attaining the age of 16?...........

(4) If the person is 16 years of age or over and not at present blind within the meaning of the Blind Persons Act, 1920, do you consider it likely that the person will become blind within the meaning of the Act during the next 4 years?.............
CATEGORIES OF CAUSES OF BLINDNESS.

Congenital defects or disorders.
Myopia and sequelæ.
Inflammatory diseases and sequelæ:
- Ophthalmia neonatorum.*
- Purulent conjunctivitis of later years.*
- Trachoma.
- Superficial keratitis.
- Interstitial keratitis.*
- Iritis and irido-cyclitis.*
- Choroiditis.*
- Optic neuritis.*

Tumours or malignant disease:
- Ocular.
- Intra-cranial.*

Degenerations and vascular diseases:
- Retinitis.
- Retinitis pigmentosa.
- Central senile choroiditis.
- Glaucoma.
- Cataract.

Accidents or toxic effects, and their sequelæ:
- Casual.
- Industrial.
- War.

Cause unknown.

* (If possible note whether due to V.D. or not.)

INTERNATIONAL ASSOCIATION FOR THE PREVENTION OF BLINDNESS

Annual Meeting, Paris, November 19, 1932

The Annual Meeting of the International Association for Prevention of Blindness was held in Paris, 66, Boulevard Saint-Michel, on Saturday, November 19, 1932, at 2.0 p.m., under the Chairmanship of Professeur de Lapersonne and in the presence of Monsieur Justin Godart, Minister of Public Health. Monsieur de Monzie, Minister of National Education, was represented by his First Secretary, Monsieur Abraham. H.R.H. the Duchess of Vendôme was represented by Mademoiselle Szymanska de Slepovron.

The President presented the Annual Report, showing the regular progress achieved by the International Association and its French Committee since their formation. He thanked the National Society for the Prevention of Blindness in the United States, which had, as previously, doubled all subscriptions collected in Europe.