should wish to ask each reader to remember his indebtedness to Moorfields and to subscribe to this Memorial Fund.

We understand that the money subscribed is not to be used in the building but will form an endowment for the furtherance of clinical pathology and research.

Subscriptions may be sent to the Chairman, Theodore W. Luling, Esq., at the Hospital.

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PREVENTION OF BLINDNESS COMMITTEE
Ophthalmic Hospital Experimental Scheme

Report on Voluntary Follow-up Work in Ophthalmic Cases

The work was undertaken, in the first place, as an experiment, the object of which was to discover what assistance towards the prevention of blindness could be given, or how far hospital treatment of patients could be shortened, through the services of a voluntary worker in an Eye Hospital. If the experiment proved successful, the scheme was to be recommended to the notice of Eye Hospitals throughout the country, particularly those which cannot afford to keep a salaried official to do the work. While it will be seen that some of the work lies within the province of an almoner, the most important part, for the purposes of the Committee's investigation, lies outside her normal province and includes services which are beyond what she may be expected to do, and would take up far more time than she has to spare. Again, the work has a relation to the duties of a District Nurse, but lies partly out of her domain. By constant attendance at an Ophthalmic Hospital, the voluntary worker is in a better position to see and learn modern forms of eye treatment than a district nurse, whose ophthalmic training usually corresponds with that of any other generally trained nurse, and has little time or opportunity for visiting Ophthalmic Hospitals. It will be seen that such a worker occupies a position between that of an almoner and that of a district nurse. It is not intended to encroach in any way upon the very excellent and indispensable work done by either.

In order to start under test conditions, a worker was chosen who knew nothing of ophthalmology nor of an almoner's work, and had had no secretarial training. She was trained in the Out-patient Department of the Central London Eye Hospital for three months, where she was instructed in the administration of the Out and In-patients' Departments, in the simplest rudiments of eye diseases, and in the exact methods of application of treatment to the
eyes. In this way she acquired a working knowledge of the hospital resources at the service of the patients, was able to instruct patients in the use of drugs and appliances supplied to them, and to reason with them from the point of view of a sensible lay person when they proved unwilling to avail themselves of the treatment offered to them.

The instruction, which was interrupted for a time by the worker's illness, was carried on over three months during two afternoons a week, and was given by myself, the out-patient sister, and the dispenser. Every facility was afforded by the Hospital officers, both medical and lay, who, realising that the Hospital might benefit thereby, gave their help, advice and assistance ungrudgingly.

The patients, whose cases were taken up, were supplied mainly from my own Clinics. A selected case had a distinguishing mark placed upon the outside of the Hospital out-patient case sheet, a note made by the Surgeon of his requirements, and was automatically passed by the secretarial staff into the hands of the voluntary worker. The worker noted in a card index the full particulars of the patient, his age, occupation, disease, treatment, regularity of attendance, etc. If the case were within easy reach, a domiciliary visit was paid, instruction given in the application of the treatment, the home conditions noted, and such improvements and amelioration as were necessary and possible were made by application to the proper authorities. In appropriate cases, the patients were induced to attend regularly at Hospital. Where patients lived at a distance, a letter was addressed to them asking them to attend, or enquiring the reason for non-attendance.

The scheme has been working for about six months. For the first month or so, the voluntary worker was "finding her feet," but the results shown are most gratifying. Two main facts emerge and are of great interest.

1. A certain proportion of patients do not attend as required, and some reasons for this are now forthcoming. Surgeons know from bitter experience that such non-attendance is frequent, and often take their patients sternly to task. The analysis of causes for non-attendance now shows that, though the sternness may be justified in some cases, in the majority, circumstances are too much for the patient. Furthermore, the analysis is most valuable in showing how some of the circumstances might be overcome to the greater advantage of the patients' chances of recovery.

2. Patients who have eye diseases which, if neglected, are dangerous to sight, can, by the use of tact and persuasion, be induced to visit the Hospital at the periods indicated by the Surgeon as necessary in their particular cases. Outstanding examples of this type are cases of glaucoma, corneal ulcer, and squint where attendance has become slack or has been discontinued.
Analysis of Cases.

Number of cases investigated ... ... ... ... 72
Number of cases not attending as desired... ... ... 28
Number of cases induced to attend regularly or for whom admission to institution or convalescent home has been arranged ... ... ... ... ... 44

(a) Causes of non-attendance or refusal to be admitted to hospital.

(a) Death of the patient.
(b) Changed address.
(c) Transferred to the practice of a Hospital near home.
(d) Illness of the patient or, in the case of a child, of the only person who can bring the child to Hospital.
(e) Fear of losing work—
   (i) fear of dismissal when the sole support of a family;
   (ii) one man business—loss of connection.
(f) Cannot afford glasses.
(g) Cost of fares.
(h) Old, infirm and nervous patients with no available escort.
(j) Young unemployed—no parental control.
(k) No reason for non-attendance or promise of attendance repeatedly broken.

(b) Successful cases.

N.B.—The same case may appear under more than one heading. Regular attendance secured where previously irregular or none, 19.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blepharitis</td>
<td>1</td>
</tr>
<tr>
<td>Cataract</td>
<td>1</td>
</tr>
<tr>
<td>Corneal ulcer</td>
<td>1</td>
</tr>
<tr>
<td>Dacryocystitis</td>
<td>2</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>7</td>
</tr>
<tr>
<td>Intra-ocular F.B.</td>
<td>1</td>
</tr>
<tr>
<td>Iridocyclitis</td>
<td>1</td>
</tr>
<tr>
<td>Squint</td>
<td>3</td>
</tr>
<tr>
<td>Tobacco amblyopia</td>
<td>1</td>
</tr>
<tr>
<td>Trachoma</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>
Daily attendance obtained for application of treatment at Hospital ... ... ... ... ... ... ... ... 1
Domiciliary instruction in application of treatment ... ... ... ... ... ... ... ... ... ... ... ... ... ... 7
Regularity of attendance kept under observation (not included above) ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 13
  Glaucoma ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 7
  Squint ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 1
  General ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 5
Glasses provided ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 4
Patient helped to make arrangements allowing of admission as in-patient ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 1
Institutional treatment arranged ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 4
  Myopic school ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 1
  Open-air school ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 1
  TB. sanatorium ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 1
  Convalescent home ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 1
Continuance of proper treatment arranged in an Ear and Throat Hospital ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 1
Extra relief obtained ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 2
Attendance at Hospital nearer home to reduce cost of journey ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... 1

**Discussion of Analysis**

(a) **Causes of Non-attendance.**

The first three causes, *i.e.* (a) (death of the patient), (b) (change of address), (c) (transference to the practice of a hospital nearer home), are unavoidable. The fourth (d) (illness of the patient or of the only person available to escort a child) and eighth (h) (old, infirm or nervous patients with no available escort) may be remedied by providing an escort through friendly neighbours or through benevolent societies specialising in such work. (e) (i) (fear of dismissal), can often be eliminated by an interview or by correspondence with the employer. No satisfactory solution for (e) (ii) (loss of connection in a one man business) has yet been found. (j) and (k) are generally irremediable. Thus omitting the first three, most of the causes of non-attendance can be influenced for the better.

(b) **Successful Cases.**

Of the diseases mentioned, sight may be partly or totally lost in all except blepharitis. In the case of glaucoma, often a most insidious disease, in which the central vision is usually preserved until a late and very dangerous stage of the disease, the patient frequently does not fully realize that attendance, before the central
vision is affected, is of paramount importance. The voluntary worker carefully watches the case papers of such a patient, and on the first sign of slackness in attendance, either calls upon the patient or writes a letter urging proper attendance.

The amelioration of the home conditions has a secondary but most important bearing on the cure of eye disease and, only too often, the surgeon's best efforts are nullified by the home surroundings of the patient. He cannot visit the patient's home, but the voluntary worker can remedy this deficiency in his service, and by so doing, helps to make the surgeon's work of more effect.

The certainty that treatment will be maintained in every instance when a patient with a badly diseased eye is removed to another Hospital would obviate the serious result of discontinuity which does occur from time to time.

Conclusion

1. An intelligent worker of the right type with no previous training can easily be taught to carry out the work outlined above.

2. The result of such work is of the very greatest assistance to the surgeon in his efforts to prevent blindness, and in reducing the period of convalescence of a diseased eye.

3. The discovery of the main causes of non-attendance and the possibility of eradicating them still further adds to the efficiency of the Hospital Clinic.

I am instructed by the Prevention of Blindness Committee to state that they will be only too pleased to render all the assistance in their power to anyone who is interested in the experiment.

(Signed) J. D. Magor Cardell.

ABSTRACTS

I.—OPERATIONS


(1) The scanty literature on haemorrhages into the anterior chamber during and after operation for cataract is reviewed by Jensen who reports the findings in a group of 80 cases investigated on this point. In 40 alternate cases adrenalin 1 in 1,000 was instilled together with the cocaine before operation; in the remaining 40 this was omitted. It was found that in the first group there