cannot be too strongly condemned. The question of testing recruits out of doors at a distance greater than 20 feet, also requires consideration.

These and a host of other problems await solution. Even if universal peace arrives the work will not be wasted, for the results will be of great value in connection with industrial questions.

The War and the American Ophthalmological Society

At the last meeting (May, 1917) of the American Ophthalmological Society the Council presented, and the members adopted, a series of resolutions dealing with the relationship to be held by ophthalmologists to the war.

It was first pointed out that in the present crisis the Government would need the services of every available medical man, and that the number of ophthalmologists in the regular medical department was too small to meet the requirements, and the Council insisted that the present classification of ophthalmologists as surgeons had a tendency to prevent volunteering, because "it is apt to assign to men of special training work for which they are unfitted, and to remove them from work of great importance which they can do." The Council accordingly placed on record its opinion, "that ophthalmologists be classed as a separate division of the Medical Department." It was recommended that a survey be made of the ophthalmologists of the United States for duties in various branches, as the examination of vision in recruits, the detection of malingerers, and the inspection of hospitals; and it was advised that the proper persons to conduct this survey were the members of the sub-committee on ophthalmology of the Council of National Defence. Further recommendations included the following: "That the Society respectfully petitions the Surgeon-General of the United States Army to appoint this sub-committee on ophthalmology to make a review of the ophthalmic profession of the country, and submit to the Department lists of men best qualified to fulfil the various duties falling upon ophthalmologists," and "that the Surgeon-General be further petitioned to follow the recommendations of this Board as closely as is consistent with the good of the service, requesting the men selected by the Board ... to volunteer for such service as the Board may designate."

At the same meeting the Secretary was requested to send the following communication to each member of the Society now on war duty abroad:—

"The Secretary is requested to extend to you the cordial greetings of the American Ophthalmological Society, and convey to
you the earnest wish of all members here present that you may be preserved in health, and may be enabled to carry on your work to a successful termination."

The Advisory Committee on the Care of the Blind

On p. 627 (Vol. 1) we gave a résumé of the excellent report of the Departmental Committee of the Local Government Board on the Welfare of the Blind. The President of the Board, the Right Hon. W. Hayes Fisher, has now appointed an Advisory Committee to advise the Department. The following members have been appointed:—Mr. Stephen Walsh, M.P., Parliamentary Secretary to the Local Government Board (chairman), Mr. Henry J. Wilson (vice-chairman), Miss E. W. Austin, Mr. Guy M. Campbell, Mr. P. M. Evans, Mr. Charles Hartley, Mr. G. F. Mowatt, Mr. Alexander Pearson, Sir Arthur Pearson, Mrs. Wilton Phipps, Mr. Miles Priestley, Mr. Ben Purse, Mr. Henry Stainsby, Mr. W. H. Thurman, and Mr. H. C. Warrilow. Mr. E. D. Macgregor, of the Local Government Board, will act as secretary of the Committee. Most of these ladies and gentlemen have had great experience in the management and training of the blind, and no exception can be taken to them. There is, however, an important omission: there is no ophthalmic surgeon or medical representative. The following correspondence has recently appeared in The Times:—

THE CARE OF THE BLIND.

To the Editor of The Times.

Sir,—In your issue of Saturday the 8th there appeared a list of the names of the Committee appointed by Mr. Hayes Fisher to advise the Local Government Board on matters relating to the care and supervision of the blind. I should have thought it was a proposition requiring no argument to support it that on such a Committee there would be at the very least one ophthalmic surgeon, but there is not even a single medical man. I was a member of the Sub-Committee appointed by the Royal Society of Medicine to draw up a definition of what should be considered blindness for the purpose of the Act, and I had a good deal to do with the actual drafting of the report made to the Departmental Committee on the Welfare of the Blind. This report was accepted without modification by the Committee, and on it is based their definition of blindness. I know something of the difficulties the Committee will have to face in applying the definition. Yet there is not a single person on that Committee with the expert knowledge of blindness and its causes to give advice. Further, such a Committee will have unrivalled opportunities of gaining statistical information as to the