now spent by the student in learning regional surgery to be devoted to his own speciality. Second, it would ensure that an ophthalmic student had some knowledge of his own subject. Third, it would improve the teaching of the subject in the medical schools attached to the ophthalmic hospitals. Fourth, far more time and attention would be devoted by the student to the study of the special pathology and bacteriology of his subject and more original work would be produced. Further, departments for the teaching of optics and the study of the psychology of vision and other allied subjects which are now almost entirely neglected might well be introduced, and general advancement in the knowledge of ophthalmology would thus result.

We do not propose at present to suggest the details of such an examination, but in the case of the Royal College of Surgeons we have a precedent in the case of the examinations in dentistry. It is clear that a far higher knowledge of general surgery and pathology is required by the ophthalmic surgeon than by the dentist, and that the qualifying examination, the first fellowship, and that part of the final relating to general surgical principles and pathology should be retained, and a special paper and a *viva voce* in ophthalmology, both clinical and operative, should be substituted for regional surgery. Following the precedent of the dental examination special examiners in ophthalmology should be appointed together with a number of assessors from the Court of Examiners so that the standard of the examination may be kept up.

As these ophthalmic examiners would probably not occupy a seat on the Council of the College, the American precedent might be followed; that is to say, the Council of the College might ask a joint committee of the Ophthalmological Society of the United Kingdom and the Ophthalmic Section of the Royal Society of Medicine to nominate examiners, or some such standing committee of ophthalmologists as was suggested in this Journal last year (p. 678).

We are sure it will be agreed by all who have studied this subject that some such scheme as the above would be advantageous both to the profession and the general public.

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**The Welfare of the Blind**

By the courtesy of Mr. N. Bishop Harman, some interesting correspondence has reached us dealing with the action taken by the British Medical Association to secure the appointment of ophthalmic surgeons upon the English Advisory Committee of the Local Government Board on the Welfare of the Blind. In view of the fact that the Local Government Board had failed to include any medical practitioner on the Committee, it appears that in December
last the Association asked Sir Watson Cheyne to take the matter up in the House of Commons. In accordance with this request, Sir Watson Cheyne put down a question for answer on January 12, but in the meantime had an interview with Mr. W. Hayes Fisher, President of the Local Government Board, in the course of which the latter is reported to have said that he would add ophthalmic surgeons to the Committee, but that there was very little medical work to do. As an alternative, Mr. Fisher suggested the formation of a small committee or sub-committee of ophthalmic surgeons to which everything medical should be referred. On Sir Watson Cheyne pointing out that there might be something which the main Committee did not recognize as medical, Mr. Fisher added that he would furnish the chairman of the sub-committee with the agenda of the larger body in sufficient time to enable him to judge if any medical point was involved, and to allow of the sub-committee considering such point, and, if necessary, making representations thereon to the main Committee. Sir Watson Cheyne enquired whether this concession would meet the views of the Association, but the Association came to the conclusion that Mr. Fisher's suggestion would not meet in any way the feelings of ophthalmic surgeons. In consequence of this expression of opinion, Sir Watson Cheyne asked in the House of Commons, on February 5, 1918, whether the President of the Local Government Board had considered the question of adding one or more ophthalmic surgeons to the Committee on the Welfare of the Blind, and whether he was willing to do so. To this the President replied:—"In view of the great demands upon the time of ophthalmic surgeons, it appeared to me that their advice and assistance could be most conveniently secured otherwise than by nomination of a representative upon the Advisory Committee, much of whose time will be occupied with purely administrative problems. I am, however, willing to invite an ophthalmic surgeon to serve on the Committee, if it is desired, and I am communicating with the Royal Society of Medicine in the matter." Meanwhile the soundness of the demand of English ophthalmic surgeons for direct representation is shown by the fact that the name of our Edinburgh colleague, Dr. George Mackay, has been included on the Committee for the Welfare of the Blind appointed for Scotland, the other members of which are: Sir David Paulin (Chairman), Mr. J. Frew Bryden, the Rev. Thomas Burns, Mr. Alexander Butters, Mr. W. C. Long, Mr. C. G. Lothian, Miss Isabella Lyall, Major William Reid (Vice-Chairman), Mr. Thomas Stoddart, and Mr. W. M. Stone. Mr. J. B. B. Brown, of the Local Government Board for Scotland, is the Secretary of the Committee.

The British Medical Association, in approaching Sir Watson Cheyne with a view to action in the House of Commons, furnished him with the memorandum printed in full below:
MEMORANDUM ON THE LOCAL GOVERNMENT BOARD COMMITTEE ON THE CARE OF THE BLIND

1. During the past twenty years increasing attention has been given to the condition of the blind. This interest had its origin in endeavours made by the medical profession to prevent the occurrence of certain forms of blindness—notably blindness due to ophthalmia neonatorum and industrial accidents. Attention was drawn to the economic disabilities of the blind, which led to a demand for better and extended provision for training blind persons; and for meeting their inevitable economic handicap as workers by monetary aid apart from charitable doles. A private Bill was mooted to bring these aims into effect. Whereupon the L. G. B. appointed a Departmental Committee of Enquiry to report on the whole subject of the welfare of the blind.

2. In the work of this Committee of Enquiry a primary difficulty arose in defining blindness. On a request to the Royal Society of Medicine a Committee was appointed by the Ophthalmological Section. The report thereupon formulated was accepted by the Departmental Committee of Enquiry, and is incorporated in the report of that Committee.

3. Following the receipt of the report of the Committee of Enquiry, the President of the L. G. B. has now announced the formation of a Committee to advise his department upon all matters relating to the care of the blind. The members of that Committee number 15, with an official secretary. None of the members are medical men.

4. If a survey be made of modern progress in the prevention and treatment of blindness, and of measures aiming at the alleviation of the unhappy lot of the blind by the invention of modes of writing and reading, the teaching of trades, or the formation of benevolent societies and institutions, there will be found one outstanding feature: that the initiative and carrying into effect of these measures for the help of the blind has with rare exceptions been due to the activities of ophthalmic surgeons.

5. The experience of the past urges the importance of the presence of ophthalmic surgeons on the new Advisory Committee of the L. G. B., if its work is to be effective. The experience of nearer years—the defining of blindness—shows the necessity for the continued advice of ophthalmic surgeons; for the application of any definition of blindness must vary with varying economic conditions.

6. The Report of the Departmental Enquiry shows how greatly medical matters affect administration, for though the enquiry was directed to the care of the blind only, the report included within its pages recommendations on the prevention of blindness.
7. Throughout the country, wherever there are blind persons, whether as individuals or in institutions, it will be found that ophthalmic surgeons are the persons to whom application is made for advice and direction, both on the character and disabilities arising produced by the blindness, and the possibilities of training and employing blind persons. The ophthalmic surgeon is therefore not only in daily contact with the blind, but his knowledge is found to be essential to determining the best work for the blind.

8. In a Central Advisory Committee the same adjuvant action of medical and lay advisors will be needed if the advice is to have such a basis as is likely to bring successful action. Matters will arise that will turn upon some medical point. If there be no medical practitioner on the committee, delay will arise until the medical point is settled, or, failing this, the advice tendered by the Committee will be incomplete or possibly injurious. Further, to obtain the most satisfactory medical evidence or opinion on such matters as arise, it is desirable that the medical advisers should be constantly informed of the administrative position, and this can only be done by the constant association of the medical advisers with the work of the Committee.

ABSTRACTS

I. COLOUR-SENSE PHENOMENA


Sir George Berry had originally intended to devote the Bowman Lecture to the consideration of war injuries of the eye; but, after consultation with the president of the Ophthalmological Society, decided to choose a subject of wider scientific interest. To the unmathematical mind, the value of mathematical formulae is not readily appreciated at its true value; nevertheless, it is a mere truism to say that nearly all the most important discoveries in physical science owe their origin to the working out of mathematical problems. In his present lecture Berry endeavours to introduce into the discussion of a subject on which there has been too much loose writing the more definite methods of the mathematician. To follow his chain of reasoning in the brief space of this notice would be fair to neither the author nor the reader; it must be read in the original.