of Births should hand each person registering a birth a printed paper telling him what to do if the baby's eyes showed any signs of inflammation. No action was taken and little was done by the authorities until the Metropolitan Asylums Board established St. Margaret's Hospital in 1918 for the treatment of ophthalmia neonatorum, affording facilities for the admission to hospital of both mother and child. The Board also did good pioneer work by establishing, in 1903, residential schools for the treatment of trachoma in children, at the same time ensuring the continuance of their education.

The London County Council, at the instigation of Mr. James Kerr and Mr. Bishop Harman, made a notable advance by segregating partially-sighted children in special—so-called "myope"—schools. Valuable reports on the prevention of blindness have emanated from Glasgow in 1926 and in 1942, and from the Union of Counties Association for the Blind in 1932; and the Ministry of Health has at last set up a Standing Committee on the Prevention of Blindness.

REFERENCES


ANNOTATIONS

On second opinions

A doctor, in discussing with a friend the foibles of patients in general, is reputed to have said that if he suggested a consultation, it was because he didn't know what was the matter, and that if he pooh-pooh'd the idea as unnecessary, he was afraid of showing his ignorance. As in a large number of cases it is impossible to be dogmatically sure of one's diagnosis it is a wise plan to have a second opinion; and in many cases a consultation will be of great help in settling the line of treatment to be adopted. An intelligent patient will understand the problem if it is placed before him squarely, and will be willing to pay the necessary fee. In the case of what Shakespeare somewhere calls "a blinking idiot" a second opinion is even more necessary in order to safeguard oneself.

We do not mean to imply that extra advice should be proposed in all cases. As a general rule a straightforward case of cataract ready for operation need not be referred to anyone else. Probably it would be wise in cases of diabetes with cataract to have a consultation, usually with a physician, before undertaking any operation at all.
A second opinion is often called for in cases of the more chronic forms of glaucoma. It should certainly be pressed upon a subject with a wounded eye in view of the possibility of the onset of sympathetic ophthalmitis. Border line cases between our own speciality and others, such as neurology and the nose and throat department should have this extra advice.

Sir William Bowman, in consultation, is said to have spoken shortly, in simple language and to have kept strictly to the point; and this attitude is recommended to those who have to act in this capacity.

The suspicious patient may assume that his doctor and the second opinion are acting in collusion against him, but this cannot be helped.

It is wise, if seeing a patient in his own home, to attend strictly to the business in hand when talking over the matter with the doctor who has called you in. Bearing on this point an apocryphal story is that a very plain looking lady arranged for her sister to be secreted in an annexe to the dining room so that she could hear and report what the doctors said to each other about the case. When the door was shut the consultant is reputed to have said “what a horribly ugly patient,” to which the G.P. replied “my dear Sir, you should see her sister.”

On appointment books and appointments

When the writer started in practice most surgeons relied on the appointment books supplied by Burroughs, Wellcome & Co. Their books were excellent, of handy size, well arranged and packed with useful information. They were supplied in two varieties, one for the consultant and the other for the general practitioner. Those who remember the book will recall that the publishers provided a specimen page to show how it should be used. Out-door appointments were to be entered in red ink, appointments at home in black. In our early days we often looked with envy on the specimen page. Appointments started at 9.30 a.m., and most of the spaces were filled up till tea time. The last entry “Dinner, Med. Soc. Speech,” always tickled our imagination. Only one hour was allotted to hospital visits, so we presumed that the hypothetical surgeon was not attached to any ophthalmic hospital. This page must have been prepared long before the days when each consultant had a secretary or a part share in one. When did the Victorian surgeon write his letters? Sir James Paget wrote most of his after dinner at night we are told in his life.

We have known elderly ladies being very angry at receiving a printed appointment card. One indeed, who was stone deaf, resented
receiving a typed note of her appointment signed by our secretary. One friend of our's said that he always wrote a personal note to every patient who wrote to him. This was on the advice of a very eminent Victorian surgeon, who had found that it paid to do this. Times have changed since the spacious days of the end of the last century, and nowadays nearly all appointments are made by telephone.

We always considered it a mistake to try and fit more work into the day than we felt we could honestly accomplish. Some patients very much resent being kept waiting. At times, when earlier patients have been delayed, this cannot be helped; but there is always a danger that if the surgeon be overtaxed as to time he may omit some part of the examination which could have been undertaken had there not been a number of other patients waiting to be seen.

It is a good plan to be at home for appointments only, and not to have people coming in in shoals in the expectation of being fitted in.

We remember a lady who was very angry at being kept 20 minutes for her appointment. She was so angry that she refused to accept our reasonable explanation, so at the end we suggested that she had better go away and see some one else. Her answer was—"I have already seen some one else and he kept me waiting even longer than you have done. That is why I am so angry." She was gravely ill with high blood pressure and retinal changes, so we made excuses for her and did what we could.

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**BOOK NOTICES**

**Corneal Transplantation.** By B. M. Filatof. Odessa. 1945.

Filatof published in Odessa in 1945 a book, in the first part of which, he describes and discusses his operation for transplantation of the cornea, and in the second his stimulating tissue therapy. The indications for the transplantation of the cornea are the usual ones. But the surgical technique is different. Transplantation is indicated in cases of thick leucomata, covering the whole of the cornea; the tectonic one—on partially projecting staphyloma and fistulae; cosmetic one for amelioration of the leucoma, as a preparatory step to an optical one; a reconstructive one—first proposed by Elschnig; and lastly, a therapeutic one—to heal up parts of the cornea close to the graft—really a kind of Filatof's "stimulating tissue-therapy." The surgical technique is different for some forms.

Partial total transplantation (950 cases). The purpose is to form a transparent little window through the leucoma. A special frame