

“ The Committee considers that in the list of additional benefits which may be provided by Approved Societies under the National Insurance Act,* it is desirable that for the phrase *optical treatment and appliances* that of *optical appliances prescribed by a medical man* should be substituted.

“ It recommends that the Council should apply to the Ministry of Health to effect this alteration, pointing out that it is in accordance with the following clause in the model schedule relating to optical treatment issued by the Insurance Department to Approved Societies :

“ Payment in respect of the cost of an optical appliance shall only be made on the production of a prescription from a qualified practitioner or a hospital, except in cases where the claim is in respect of the renewal of an appliance.

“ Also that the correction of errors of refraction, i.e. optical treatment, cannot be safely carried out without a full knowledge of diseases of the eye, and that at some future date it will be desirable to include ophthalmic treatment amongst the benefits for which provision is made.”

The Council proposes to take steps to bring this report to the notice of the Minister of Health and to ask him to receive a deputation.

The dissolution of Parliament and the General Election have prevented them taking any action during the past few weeks.

ANNOTATION

Miners' Nystagmus

In our issue of last November we published some comments on a recent article in the *Lancet* discussing the Second Report of the Miners' Nystagmus Committee of the Medical Research Council. The Committee in that report have to deplore the untimely death of Dr. Rivers. This leaves them without the assistance of any expert in psychology. The findings of this second report strongly emphasize the necessity of appointing a successor. To quote from the Report :

“ In Great Britain the disease was first added to the Third Schedule of the Workmen's Compensation Act in 1907. Experience has taught that after a disease is placed in this category several years elapse before claims reach a steady level. In this case a

*Statutory Rules and Orders, 1921, No. 877, Clause 17 of Schedule “The payment of the whole or any part of the cost of optical treatment and appliances.”

level for fresh claims would appear to have been reached by 1911. But a disturbing factor was introduced in July, 1913, just at the time when in Germany admission to compensation was restricted. This factor was a broadening of the basis for claims, due to altering the nomenclature of the disease in the Schedule from 'Nystagmus' to 'The Disease known as Miners' Nystagmus . . . whether the symptom of oscillation of the eyeballs be present or not.' The effect was to include cases claiming compensation for psychoneurosis. Claims for compensation immediately rose; but before the new level could be established the war intervened, interfering with the mining personnel."

The Report goes on to point out that oscillation of the eyes *per se* is not necessarily a cause of incapacity; no constant relation exists between the amount of oscillation and knowledge that there is oscillation. Mention is made of individuals with the most marked oscillation even when looking down in daylight, who refuse to give up work and say they are more comfortable when working. One such man is said to play cricket for his colliery. In the summary the Report points out that a large proportion of underground miners exhibit signs which, *if complained of*, might establish a claim for compensation. They point out how such cases, when affected with diseases for which compensation is not provided, swell the number of compensated nystagmus claims. The same point is emphasized by the statistics of the various Indemnity Companies showing the high death rate among compensated nystagmus cases.

The Report expresses the opinion that there is no sound evidence of increase in the clinical entity, miners' nystagmus, and says that "the standard of physical signs which is in vogue in this country for deciding whether any case should be certified as suffering from miners' nystagmus too readily admits psychoneurotic cases to whom harm and not benefit accrues from compensation. A stricter standard based on physical signs should be adopted."

The concluding part of the Report by Mr. Pooley establishes the fact that "errors of refraction in themselves have no effect whatever either on the incidence of miners' nystagmus or on the age at which incapacity commences from miners' nystagmus."

In the issue of the *Lancet* for November the 17th, a letter appears from Mr. Inman in which the reports of the Nystagmus Committee are criticized in that they stop short of investigating the nature and origin of the psychoneurosis so frequently associated with oscillation of the eyeballs, which, according to the Committee, is responsible for the increase of reported cases in this country and the consequent increase of compensation from £13,000 in 1908 to £343,000 in 1920. Mr. Inman speaks of £350,000 directly

and £1,000,000 indirectly, and asks: "does oscillation cause the neurosis or does the latter induce the oscillation? Is oscillation merely a physical eccentricity, or is it an essential part of the whole abnormal state? An answer to these questions may save the country so much money that pressure should be brought upon the Committee to clear up the mystery."

In an editorial the *Lancet* of the same date deals at some length with Mr. Inman's letter and concludes thus: "The complexity of the problem of miners' nystagmus is indefinitely increased if it must be investigated anew from the psychological aspect. Yet if this aspect possesses the significance that Mr. Inman suggests, there is every reason for the fullest inquiry, both on economic grounds and on account of the clinical importance of the principles involved."

Thus there would appear to be a disease, miners' nystagmus, the nature of which as far as the eyes are concerned, we, as ophthalmic surgeons, can appreciate, accurately measure and record; there is another disease, miners' psychoneurosis, of which we, as ophthalmic surgeons, have no special knowledge. As far as the evidence of the Report goes the one may exist without the other and what, if any, is the connection between them has still to be worked out by the psycho-pathologists.

ABSTRACTS

I.—GLAUCOMA

- (1) **Gifford, Harold (Omaha).**—Glaucoma from the absorption of senile cataract, *Amer. Jl. of Ophthal.*, Feb., 1918.

(1) **Gifford** holds that the spontaneous cure of senile cataract is by no means so rare as is commonly supposed. He has himself seen ten cases in which practically complete absorption of the cortex has occurred. The following statement seems to crystallize what must have been a fluid kind of notion at the back of the brain of many an ophthalmic surgeon:—"This tendency for senile cataracts to undergo spontaneous absorption is so common that I think it may safely be said that while every one would develop a senile cataract if he lived long enough; so also would every one obtain a spontaneous cure if life were sufficiently prolonged." But nature's cure does not give a good percentage of visual results. Glaucoma is frequent. Such glaucoma has been supposed by some to be the cause of the absorption of the lens. Gifford holds otherwise, and refers to a number of his case histories in support of