has been also rasped. Both eyes are tied up for five days, and the
stitches left in as long as one can. I leave them at least two
weeks.

The sole disadvantage is the marked hump or pucker which is
left by this tuck. I found it flattened down, however, and ceased
to be at all unsightly in a few months. Everything else seems to
me to be an advantage. Its simplicity, sub-conjunctival character,
painlessness, speed, and above all its leaving the tendon uncut, and
the chance of future greater advancement, if need be. Its effect is
very powerful, and can be made more or less so by inserting the
loops further back or further forward through the muscle, and by
drawing the sutures more or less tightly together, on tying them.

The passing of the loops is a little painful, but even this can
easily be avoided by an intramuscular injection.

INTERNATIONAL CONGRESS OF OPHTHALMOLOGY

BEAUTIFUL weather favoured the International Congress of
Ophthalmology held at Washington in the last week of April.
The City of White Marbled Halls, statued monuments and shady
avenues, decked out with spring green foliage, was looking its
best.

Two days before the opening meeting the promoters of the
Congress received a nasty shock, due to a fire breaking out in the
New Willard Hotel, where its headquarters were situated, in what
was to have been the meeting room. Some members of the
Congress who had already taken up their residence at the hotel
were awakened by telephone in the early hours of the morning,
advised to dress quickly and descend by the elevators. The
famous Peacock Alley of the hotel soon became crowded with guests
in various degrees of negligé, holding hand luggage containing
their most valued possessions. Fortunately the fire was confined
to the tenth floor of the building, and was extinguished within
an hour. Though the rooms in one of the other floors were
rendered uninhabitable by damage from water, the members of
the Congress who flowed into the hotel during the next few days
were all accommodated.

The proposed meeting room in the hotel having been destroyed,
the opening meeting of the Congress and the Scientific Sessions
on the first three days were held in the spacious and beautiful hall
belonging to the Daughters of the American Revolution. As this
hall could not be utilized for lantern demonstrations during the
day time, the final meeting was held at the building of the Medical
Society of the District of Columbia.
INTERNATIONAL CONGRESS OF OPHTHALMOLOGY

At the opening of the Congress the call to order was made by Dr. Wm. H. Wilmer, the Chairman of the Committee on Arrangements.

An address of welcome was delivered by the Vice-President of the United States, Mr. Coolidge. The official delegates from different countries were then called and introduced. They were as follows:

- Argentine: Dr. F. J. Soriano.
- Belgium: Dr. E. Gallemerts.
- Brazil: Dr. Cesario de Andrade and Dr. Pimental Franco.
- China: Dr. T. M. Li.
- Cuba: Dr. C. E. Finlay.
- Habana: Dr. F. M. Fernandez and Dr. J. M. Penichet.
- Czecho-Slovakia: Dr. W. Z. Hons.
- France: Prof. F. de Lapersonne.
- Great Britain: Mr. E. Treacher Collins.
- Scotland: Dr. G. Mackay.
- Italy: Dr. Salvatore Floria.
- Netherlands: Prof. G. F. Rochat.
- Peru: Dr. A. Beraun.
- Sweden: Prof. A. Gullstrand.
- United States: Lt.-Col. F. H. Garrison, Army Medical Corps; Lt. James F. Hooker, Navy Medical Corps; Surgeon J. McMullen, Public Health Service.
- Venezuela: Dr. Santos Dominci.

Dr. Geo. E. de Schweinitz, of Philadelphia, was elected President of the Congress.

The afternoon of the first day was devoted to a most enjoyable excursion to the old house of Washington at Mount Vernon, where the President, on behalf of the Congress, laid a wreath on Washington's tomb. In the evening on the same day a reception of members and their ladies was held at the Corcoran Art Gallery.

Over 1,000 names were registered as members of the Congress, and though all the registered members did not appear, every meeting was very fully attended.

On the second day the members of the Congress were received by President Harding at the White House, with each of whom he shook hands. A most successful photograph of the assembled members, waiting to proceed into the White House, was taken by a rotating camera.

At the commencement of the final meeting of the Congress Mr.
E. Treacher Collins, on behalf of the Ophthalamological Societies of the British Isles, presented an invitation to hold the next International Ophthalamological Congress in London in 1925. Dr. Mackay, of Edinburgh, Dr. Rowan, of Glasgow, Dr. Gray Clegg, of Manchester, and Col. Elliot, of London, spoke supporting this proposition. Prof. E. Gallemaerts had come furnished with a similar invitation from the Société belge d’Ophtalmologie, but agreed to withdraw it in favour of that from Great Britain.

Prof. Gullstrand proposed the acceptance of Great Britain’s invitation with the expression of a wish that at the next International Congress German should be recognized as one of the official languages; this was agreed to.

The proceedings of the Congress closed with a banquet held at the New Willard Hotel, over which Dr. de Schweinitz presided as toast master, with a grace and eloquence which it would be hard to excel.

All the toasts were responded to with enthusiasm, notwithstanding that the only fluid with which they could be pledged was iced water.

The whole proceedings of the Congress, both those of a scientific and those of a social character, were carried through in a way which manifested the most careful forethought and preparation.

The scientific proceedings of the International Congress of Ophthalmology consisted of 40 papers presented by members, four evening addresses, demonstrations of apparatus and methods of examination, and the exhibition of pathological specimens and microscope slides.

The forty papers were published in full in a pre-sessional volume, and short extracts of them in the three official languages were also issued in the form of a programme.

These papers included:—“The teaching of the war in ocular surgery,” by Prof. de Lapersonne; “Detachment of the vitreous,” by Sir William Lister, which was read for him in his absence, and which excited much discussion; “The diaphragm lamps in ophthalmology,” by Prof. Gullstrand, the utility of which met with a chorus of approval from those who had employed them; “The ocular symptoms of poisoning by the sting of a scorpion,” by Dr. J. de J. Gonzalez. Contributions:—“On the letters and characters of visual tests,” by Dr. Ewing; “On anatomic versus ophthalmologic nomenclature,” by Dr. M. U. Troncoso; and “On the standards for field taking,” by Dr. L. C. Peter, led to the appointment of committees for report.

“The treatment of trachoma by sub-conjunctival injections of mercury cyanid” was discussed by Dr. Gemblath, and “Hereditary ocular degeneration” or “Ophthalmic abiotrophies,” by Mr. E. Treacher Collins.
Prof. C. E. Finlay, and also a lady speaker, presented charts showing bitemporal contraction of fields of vision in connection with pregnancy.

A contribution by Dr. Moran, published in the pre-sessional volume on "The exchange of water and of ions through the cornea," and one by Mr. C. F. Harford on "Psychopathology in ophthalmic practice," were not read on account of the authors' inability to be present.

The operative treatment of strabismus was dealt with by Dr. B. Castrasana, and that of pterygium by Dr. E. Campodonico and Dr. S. L. Ziegler.

Dr. F. Poyales' paper on "Infantile ocular tuberculosis" was not well named as it dealt with two cases aged 9 years and one of 13 years. It excited, however, an interesting debate on intraocular tuberculosis in childhood.

The harmful effects sometimes met with when lens matter is left in the anterior chamber was dealt with by Dr. F. H. Verhoeff and Dr. A. W. Lemoine in a paper entitled "Endophthalmitis phacophylactica." Dr. A. E. Davis read a paper on "Serum and vaccine treatment for the prevention and cure of cataract." Prof. Barraquer described his method of removal of the lens in its capsule which he terms "Phacoerisis," and Prof. Gallemoerts presented an analysis of 46 operations performed in this way.

Dr. D. P. Kostitch described the ocular troubles which he had met with in 20 patients from gazing at the solar eclipse in Belgrade on April 9, 1921. Dr. A. Magitot advocated the superiority of the insertion of organic grafts of dead tissue, over that of unorganized tissue, to establish a mobile stump after enucleation of the eyeball.

Dr. A. F. Alonso and Dr. R. C. Cheney read papers on the treatment of ulcers of the cornea, and Dr. C. Charlin and Col. R. H. Elliot on glaucoma, the former dealing with its vascular conditions, and the latter with its diagnosis. Dr. Magitot and Dr. Bailliart recorded their work on endeavouring to find out the pressure of blood in the choroid vessels by means of a dynamometer, graduated in grammes, which is first applied so as to produce pulsation of the retinal vessels on the optic disc, and then with stronger pressure the disappearance of such pulsation.

Dr. J. M. Wheeler, in a paper on "Plastic operations about the eye," described the outcome of his extensive experience in this class of ophthalmic surgery, and Dr. J. N. Roy described an operation of blepharooplasty which he had performed in a case of bilateral lagophthalmos.

Papers on the technique of testing light and form sense were contributed by Mr. A. S. Percival, Dr. C. E. Ferree, Dr. G. Rand and Dr. E. Junès.

Dr. J. Grey Clegg read the description of some unusual con-
genital anomalies of the eyes. The effects of treatment with salvarsan in cases of interstitial keratitis was dealt with in papers by Dr. A. T. Estrada and Dr. A. Renshaw, and of treatment by vaccine of infectious keratitis by Dr. R. Virgilli.

Metastatic carcinoma of the choroid was described by Dr. A. Greenwood, and metastatic thyroid tumour of the orbit by Dr. Arnold Knapp.

A case of bilateral lymphosarcoma of the orbit with intermittent exophthalmos was described by Dr. W. S. Franklin and Dr. F. C. Cordes, and four cases of chloroma were summarized by Dr. A. J. Bedell.

The evening addresses were as follows:—

"Some descriptive errors in the anatomy of the orbit," by S. E. Whitnall, Prof. of Anatomy, McGill University.

"The clinical anatomy of the naso-lacrimal passage ways," by J. Parsons Schaeffer, Prof. of Anatomy Jefferson Medical College.

"The theories and realities of colour vision," by Leonard T. Troland, Prof. of Psychology, Harvard University.

"The production and hereditary transmission of certain eye defects," by W. G. Guyer, Prof. of Zoology, University of Wisconsin.

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ANNOTATION

The Use of Light in Hospitals.

A most interesting paper was read by Mr. John Darch at the discussion upon the use of light in hospitals, arranged by the Illuminating Engineering Society.

Speaking first of the hospital ward, Mr. Darch advocated a light that should be quiet and pleasing, best obtained by a system of general lighting combined with local lighting. The general lighting need not be great, anything from one-half to one foot-candle, well diffused and without glare. The light should be spread evenly over the ceilings and friezes. Each patient should be provided with his own local light, giving him three foot-candles upon his book. This may be set on a short, smooth bracket close to the wall so as not to be in view of the patient. It should not be in the centre of the bed-head as usual, but about fifteen inches to the patient's left so as to avoid heat on his head and gloss on his book.

Local lighting is also necessary on the sisters' and nurses' tables, and each should have one or more well-shaded table-lamps adjustable so as to give an average of four foot-candles. The