Part 2, Section 4, commends its use in moderation, but "as it is commonly abused by most men, who take it as tinkers do ale, 'tis a plague, a mischief, a violent purger of goods, lands, health, hellish, develish and damned, the ruine and overthrow of body and soul." Here is a sentiment to put in our pipes and smoke.

AMERICAN OPHTHALMOLOGICAL MEETINGS

June, 1947.

AMERICA surely still remains the land of comfort and of plenty and the home of exuberantly kind and hospitable people. I have just had the happy experience of attending the annual meetings of the American Ophthalmological Society and the American Medical Association, two occasions which deserve putting on record,

The 83rd annual meeting of the A.O.S. was held at The Homestead, Hot Springs, Virginia, from June 5—7. Hot Springs, a delightful resort in the heart of the Virginian hills is an ideal location for such a meeting. It consists of a luxury hotel at a rail terminus in the heart of beautiful country where everything pleases except the taste of the warm sulphur spring water—but there are other things aplenty to taste. The Society takes possession of a section of the hotel and works and plays for three days. It is an exclusive Society, limiting itself approximately to 200 members (there are some 8,000 ophthalmologists in the U.S.A.), embracing all that is good in American ophthalmology; practically everyone attends (three consecutive absences from meetings without valid excuse implies expulsion) and all the world brings his wife. The morning is devoted to scientific papers; the afternoon to tennis, golf, swimming or walking, and the evenings to happiness: sleep comes tardily.

The meeting was under the genial presidentship of John W. Burke of Washington and the scientific papers covered a wide field of interest; the subsequent discussions are usually prepared and are more formal than the spontaneous give-and-take we are accustomed to in England. Two cases were reported by Maynard C. Wheeler (N.Y.) of discolouration of the lids from the use of yellow oxide of mercury sustained over many years. Reports of delayed mustard gas keratitis were presented by Walter S. Atkinson (Watertown)—the condition is apparently rarer (or less frequently spotted) than in England. Two cases of an exceptionally rare tumour of the orbit—granular cell myoblastoma—one simple and one malignant, were reported by John H. Dunnington (N.Y.). The occurrence of papilloedema with cerebral oedema in the manifest form of parathyroid deficiency was described by Donald Lyle (Chicago.)

Daniel Kirby (N.Y.) gave an interesting discussion of his technique of dealing intracapsularly with cataract in eyes in which a fluid vitreous was present; he recommended traction with rotation rather than pressure, gripping the lens capsule at 12 o'clock and if necessary rupturing the zonule by stripping it from its attachment to the lens in this region. Wendell Hughes (N.Y.) described his employment of vitallium implants after enucleation; and the first day's session ended with a contribution by Alan C. Woods (Baltimore) on the deterrent effect of promin and promizole (new drugs) on the course of experimental tuberculosis in immune-allergic rabbits.

The second day's session was opened by two papers on the applications of surgical diathermy—in the treatment of angioma of the retina by Philip M. Lewis (Memphis) and of recurring retinal hæmorrhages by F. Verhoeff (Boston): in the latter case one eye had been blinded by recurrent hæmorrhages followed by retinitis proliferans, the other eye was saved (2 years' history) by obliterating on two occasions the segments of the retina wherein hæmorrhages and retinitis proliferans appeared. Gordon M. Bruce (N.Y.) gave an exceptionally interesting paper demonstrating that certain cases of so-called "primary" hypertension were due to a neoplasm (pheochromocytoma) of the adrenal medulla; in such a condition the retinopathy may be the first clinical symptom and the appropriate surgery is therapeutically effective. This is an important new observation. John P. Macnie (N.Y.) presented the results of treatment of aniseikonia over a 5-10 years' interval, claiming some 50% relief from symptoms. Charles E. G. Shannon (Philadelphia) gave a talk on the thyro-pituitary origin of malignant exophthalmos. James N. Greear (Washington) described his technique of orbital reconstruction with buccal mucosa, and the second day's session ended with a discussion of Mikulicz's disease and syndrome by Parker Heath (Detroit).

The final day's session was occupied by a demonstration of difficulties of diagnosis of retinoblastoma by Arthur J. Bedell (Albany), a discussion on agnostic alexia by Harold H. Joy (Syracuse), on diffuse malignant melanomata of the iris by Shaler Richardson (Jacksonville), and on arachnodactylia by Ralph I. Lloyd (Brooklyn). A. B. Reese (N.Y.) gave an interesting talk on glaucoma, introducing the conception of a "base pressure" and a "peak pressure" (corresponding to a diastolic and systolic pressure, the difference being termed the "functional transitory factor" which becomes nil in absolute glaucoma. He pointed out that it is not sufficient to determine a single intra-ocular pressure, but it is necessary to establish whether it represents the lowest, highest or an intermediary point in the pressure curve: the higher the base

pressure, the greater a drainage load any operation must carry. A preliminary report on an investigation to correlate plasma protein fractions with certain types of lenticular changes was presented by A. D. Ruedemann (Cleveland), and an interesting account of his extensive researches into the difficult and exceedingly complicated question of the standardization of the various types of tonometers by Jonas S. Friedenwald (Baltimore). A final paper on pupillometry closed a most informative and friendly meeting.

On the night of Saturday, June 7 a large party of us travelled from Virginia to Atlantic City to celebrate the centenary of the American Medical Association. Most unhappily our journey was marred by the sudden illness and death on Sunday morning of Dr. E. C. Ellett owing to coronary thrombosis. He was a delightful person who took an active part in the proceedings at Hot Springs, and was one of the most charming and beloved of American ophthalmologists. His widow was with us.

Atlantic City is an amazing city on the eastern sea-board which may be partially visualized by piling Brighton on Margate and both on Blackpool; but its mammoth hotels could accommodate the 15,000 delegates to the meeting of the A.M.A.* Monday (June 9) as well as all the spare moments throughout the week, was occupied by the examinations of the American Board of Ophthalmology. This Board gives a post-graduate certification of fitness to practise as an ophthalmic specialist and is a universal criterion throughout the country for full professional recognition and the higher hospital appointments. The examinations (in which I participated) are of a standard corresponding to our D.O.M.S. and have undoubtedly been a most effective means of raising and maintaining the standard of ophthalmology in the United States.

Tuesday was occupied by the Sixteenth Annual Meeting of the Association for Research in Ophthalmology. This is a very valuable Association encouraging and presenting a forum to junior research ophthalmologists and young scientists without a medical degree. Twelve papers were presented and discussed ranging from the bacteriology of seborrhœic blepharitis and conjunctivitis to the transfer of tracer substances through the blood-aqueous barrier.

The meetings of the Section of Ophthalmology of the A.M.A. took place during the next three days under the delightful and efficient chairmanship of that old English friend of ophthalmologists, Dr. Derrick Vail. His Presidential address was on the prestige of ophthalmology wherein, without pulling any punches, he pointed out

* With a corresponding number of wives together with over 3,000 manufacturers and tradesmen who staged a medical exhibition amazing in its interest and comprehensiveness.

the short-comings of ophthalmologists as a class in the United States and how they failed to attain and maintain the position of members of one of the highest specialties of medicine. It is interesting how international are these sins of omission and commission. I gave an address on the nature of the aqueous humour. Thereafter Dr. Verhoeff gave the centennial address—One Hundred Years in American Ophthalmology. The address was most interesting: the story of progress in American ophthalmology during the last century is indeed a proud one, but, characteristically, Verhoeff, was not backward in pointing out what Americans could have done, and had not. The subsequent scientific papers provided unusually interesting and varied fare. Four cases with keratitis presumably due to the virus of lymphogranuloma venereum were described by H. G. Scheie of Philadelphia. A four-year follow-up of 300 glaucomatous eyes was presented by Peter Kronfeld of Chicago: wide-angled and narrow-angled glaucoma is a favourite basis of classification in America, and the latter type was found to carry the better prognosis with regard to vision after control of the tension. An interesting paper on the surgical significance of the ligament of Lockwood in relation to the surgery of the inferior oblique muscles was presented by Walter H. Fink of Minneapolis. The control of experimental ocular infections both external and internal by streptomycin administered systemically and locally was discussed by John C. Bellows and Chester J. Farmer of Chicago: promising results were obtained after infection of the vitreous by streptococci with local treatment by intra-ocular injection but systemic treatment did not prevent infection; corneal infections by *B. pyocyaneus* were aborted by local treatment. Unilateral syphilitic optic atrophy was discussed by Walter L. Bruetsch of Indianapolis, and the value of sodium sulphacetamide in ophthalmology by Leo Mayer of St. Louis. Conservative treatment of congenital impatency of the nasolacrimal duct was advocated by Edwin L. Kendig and Du Pont Guerry of Richmond; and late operation (after $2\frac{1}{2}$ years) in the surgical treatment of congenital cataract by W. C. Owens and W. P. Hughes of Baltimore. Three interesting papers related to the war experiences of some of the younger men—on intra-ocular foreign bodies by G. M. Haik of New Orleans, on military ophthalmology by Don Marshall, and on plastic reconstruction of the lids by S. M. Dupertuis of Pittsburg; in the subsequent discussions of which several of our old friends whom we knew in the European theatre of war participated.

All these, with official receptions and functions, dinners (public and private), and good fellowship abounding, constituted a memorable week indeed.

STEWART DUKE-ELDER.