the class held, presumably for opticians, at The City and Guilds Institute by the late Professor Sylvanus Thompson. I was well rewarded. A properly equipped ophthalmic school should obviously lay itself out to teach, not only ophthalmology, but the ancillary sciences as well.

Later, when settled in practice, and having visited many ophthalmic clinics, both upon the Continent and in America, it occurred to me that the weak point of the present system in London might be closely connected with the fact that the school was always an adjunct to the hospital and that better results might perhaps be obtained by reversing the relationship. I imagined an institution, a school of ophthalmic technology, provided with teachers, skilled in all the auxiliary branches of ophthalmology, with optical and bacteriological laboratories and with a small out-patient department and a few beds, enough to give means for adequate clinical instruction and no more. Such a plan would not be expensive to create, and the fees charged afterwards should make it self-supporting. The qualification of a teacher should be one, namely, that he knew how to teach.

Yours, etc.,

SYDNEY STEPHENSON.

WELBECK STREET, W.
March 9.

AN INTERNATIONAL CONGRESS OF OPHTHALMOLOGY

To the Editor, THE BRITISH JOURNAL OF OPHTHALMOLOGY.

DEAR SIR,—Owing to a misconception on the part of some as to the exact character of An International Congress of Ophthalmology, which is to be held in Washington, D.C., April 25-28, 1922, I am instructed by the General Committee to prepare the following notice and to request its early publication in the Journal:

First, the proposed Congress is designated as An International Congress of Ophthalmology, which will be held under the auspices of the American Ophthalmological Society, the Section on Ophthalmology of the American Medical Association and the American Academy of Ophthalmology and Oto-Laryngology. It is an independent Congress and is in no way affiliated with, or a continuation of, the regularly constituted International Congress of Ophthalmology which has convened at regular intervals in the past, the last session of which was to have taken place in St. Petersburg in 1914 at the outbreak of the war.

Second, because of unavoidable complications in the arrangement of the proper and comfortable accommodations for the delegates of

the Congress, it has become necessary to change the date of meeting from April 18-21, 1922, as previously announced to April 25-28, inclusive, 1922.

Very truly yours,

PHILADELPHIA.

March 1, 1921.

LUTHER C. PETER,

Secretary.

BOOK NOTICES

The Microscopic Study of the Living Eye. (*Etude Microscopique de l'Oeil Vivante*), continued. By GALLEMAERTS (Brussels) and KLEEFELD (Brussels). *Annales d'Oculistique*, Vol. CLVII, February-March-May, 1920. (Paris: G. Doin. Published in 1920 as a separate volume.) Eleven plates, comprising 44 figs., about half of which are in colours.

The present series of articles by Gallemaerts and Kleefeld deals in detail with the results found on the examination of the various eye tissues by the methods therein described. The whole forms a very interesting contribution to the study of changes in the living tissues, difficulties arising in two directions—first, data for comparison collected by other observers are scanty, and, secondly, the method of reproduction of the appearances presented suffers from the want of precision, some of the drawings that are reproduced not being very convincing. Separate chapters are devoted to cornea, conjunctiva, sclerotic, anterior chamber and iris angle, iris, lens, and vitreous, while the figures cover diverse conditions, congenital and acquired, the examinations showing that relics of the pupillary membrane and fine opacities of lens are much more common than ordinary routine examinations have hitherto shown.

Oedema of cornea and striate keratitis give interesting findings, while the directing of a pencil of rays on an oedematous cornea frequently causes this opacity to clear up, and so permit of a crisp view of iris beyond, suggesting that the opacity is due to imbibition. Special alterations of the method of illumination are needed to show up the features of the corneal vessels, these having to be distinguished with difficulty from the termination of the scleral lamellae, the radial lymphatic vessels and the limbal bloodvessels, and, to a less extent, from the nerve filaments. Special features belong to superficial, middle, and to deep vascularisation of the cornea in disease, the middle variety being that seen in interstitial keratitis, while the deep is found in injury cases to herald the approach of atrophy of the globe. Details are given of the various deposits met with on the back of the cornea, the cellular, including the white cells seen preceding iritis, red blood cells after contusions, in luetic