THE ANNUAL CONGRESS OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 1928

The Annual Congress of the Ophthalmological Society of the United Kingdom was held at the Royal Society of Medicine, London, on Thursday, Friday, and Saturday, April 19, 20, and 21, under the presidency of Mr. Charles Howard Usher.

The President opened the meeting with an address on the relationship between animals' eyes and human ophthalmology. He remarked that there was only one original work in English on diseases of the eye in animals, although animals' eyes were much used for teaching and training purposes. He then dealt at considerable length with the eyes of albino animals, stating that of all the eyes examined, only two were found to be completely devoid of pigment.

Mr. Treacher Collins read a paper on the natural history of retinal glioma, in which he explained its limitation to the early years of life by the fact that it arises from cells which became highly specialized and soon lost all capacity for reproduction, and is a tissue which contains no "mother cells."

Lieut.-Col. H. Smith read a paper on the early stage of cataract and its diagnosis. He said that in India the development of cataract was much more rapid than in Europe. He had treated loss of transparency in the lens with subconjunctival injections of cyanide of mercury, and regarded incipient cataract as a curable condition.

Mr. E. Wolff read a paper by himself and Mr. F. Davies on fragmentation of the retinal blood stream, a condition, usually regarded as a post-mortem phenomenon, which they had been able to produce and abolish at will in the living animal.

On Thursday afternoon a clinical meeting was held at the Royal London Ophthalmic Hospital, where many interesting cases were shown, among them being a cyst of iris (Mr. Griffith), a case of corneal leukemia treated with gold chloride (Mr. Doyne), congenital aniridia with dislocated lenses (Mr. Whiting), retinitis pigmentosa with a family tree tracing the condition back for 120 years (Mr. Hine), retinal cyst (Mr. Hine), and a selection of slit-lamp cases (Mr. Goulden).

In the evening a discussion was held on the causes and treatment of irido-cyclitis with raised tension. Mr. R. A. Greeves spoke mainly on the pathology of the condition, illustrating his remarks by lantern slides of some cases. Mr. W. H. MacMullen followed with some remarks on treatment. He distinguished three types: (1) acute, with raised tension soon after onset; (2) cases resembling
acute or sub-acute primary glaucoma; and (3) chronic, with increased tension some considerable time after onset. Sir Arnold Lawson said that he did not favour the use of miotics in any of these cases, and Mr. Gray Clegg quoted the statistics of his own cases, with the results he had obtained by various means of treatment. Mr. Basil Graves, Mr. Harrison Butler (who divided the cases into medical and surgical), Mr. Whitehead, and several others joined in the discussion.

On Friday morning the subject for discussion was "The Diagnosis and Treatment of Inflammatory Affections of the Orbit."

Mr. A. F. MacCallan classified the cases according to their aetiology, and quoted some examples. Mr. Norman Patterson said that the antrum and sphenoidal sinus were rarely responsible. He discussed treatment under three heads: (1) general and nasal; (2) orbital; (3) treatment of complications. Dr. P. Watson-Williams described the diagnosis of slight chronic infections of the sphenoidal and ethmoidal sinuses by examination with the endorhinoscope and the use of the suction syringe. Mr. Somerville Hastings emphasized the necessity of remembering the part played by syphilis in some cases. He described two types.

Mr. E. D. Davis presented a series of cases of orbital oedema sent for nasal examination. Of these, 48 per cent. were due to frontal sinusitis and 21 per cent. to ethmoidal sinusitis. In no case was the antrum or sphenoidal sinus responsible. He recommended early and free incision, and the avoidance of drainage tubes.

There were many other speakers.

In the afternoon Dr. A. W. Mulock Houwer read a paper on the origin of melanomata of the uvea; Mr. Goulden described some unusual types of acquired cataract, in which he pointed out the usefulness of the slit-lamp in enabling us to determine the exact character of lenticular opacities, and also read a paper by himself and Mr. E. F. Fincham on the illumination of the field of operation in ophthalmic surgery, with diagrams and details of the arrangement of light for each kind of operation; and Mr. A. F. MacCallan presented a series of "Private Cases with Full Vision after Correction. Indications for Reference to Other Branches of the Medical Profession of those Showing Evidence in the Eye of Toxic Conditions."

Professor Elliott Smith then delivered the Bowman Lecture on "The New Vision," in which he dealt with the change in the central connections of the eye from the mid-brain to the visual cortex, as one ascended the scale of the animal kingdom. He said that in the rabbit one began to get the first signs of overlapping of the visual fields and rudimentary binocular vision. In this animal, too, the optic tract began to be connected with the external geniculate body. In man, all connection with the superior colliculi
vanished, the whole of the optic tract ending in the external geniculate body, and being continued on to the visual cortex by the optic radiations, which are only found in mammals. The lecture was profusely illustrated with lantern slides and diagrams.

On Saturday morning, Mr. M. S. Mayou read a paper on the juvenile form of Coats’ disease, Mr. G. Alexander described an operation for the immediate removal of congenital cataract, which he performed instead of needling, and Mr. Williamson-Noble read a paper on “Retinoscopy and the Pointolite Lamp.”

A full account of the papers and discussions will be published in the Transactions of the Society: the above is merely an indication of the subjects of debate. A small ophthalmological museum was arranged by Mr. Humphrey Neame. On Saturday afternoon a visit was paid to the Lister Institute of Preventive Medicine.

The annual dinner of the Society was held at the Langham Hotel on the Friday night. The chairman was Mr. C. H. Usher, the President of the Society.

G. G. Penman.

ABSTRACTS

I.—THE OCULAR MUSCLES


(1) Weill and Nordmann have made a comprehensive study of this congenital defect and write at length thereon. They classify all cases under two headings: (1) congenital absence of abduction associated with retraction of the eyeball; and (2) congenital absence of abduction without retraction of the eyeball.

Three cases in Group 1, reported by the writers, were characterized by complete loss of abduction, retraction of the globe, and more or less narrowing of the palpebral fissure during adduction. Adduction in this type of case is generally restricted. The retraction of the eyeball may be directly backwards but not infrequently is accompanied by deviation up or down. Vertical movements of the globe are seldom affected, visual acuity is often low. Diplopia is exceptional. In this group the anatomical basis of the defect, whether single or multiple, is in the orbit, i.e., is peripheral. In Graefe-Saemisch the description of this defect will be found in the volume on “Diseases of the Orbit.”

In Group 2, in which there is congenital absence of abduction without retraction of the eyeball the site of the lesion may be