an assistant, but the spring catch allows this to be done if it is desired to retain a hold on the iris during its division. When the spring catch is released the fold of conjunctiva covers the wound spontaneously, and no further attention is required.

Carried out in this way, iridencleisis offers a much simpler substitute for the operation of sclero-corneal trephining, with considerably less trauma to the eye, and fully as satisfactory results. It is equally applicable to acute and chronic glaucoma and does not so suddenly reduce the tension. It is, in fact, necessary to institute daily massage to the eyeball, commencing 24 hours after operation.

These forceps can be used for general fixation purposes with the advantage that fold fixation gives better control of the eyeball. It gives one particularly a more secure hold if the conjunctiva is friable. It is also a satisfactory method of taking up a conjunctival flap or bridge for dissection to cover an ulcerated or damaged cornea.

I am greatly indebted to Messrs. Down Brothers for the trouble they have taken in carrying out repeated modifications of my original design, and in finally providing an instrument which I have found wholly satisfactory.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

ANNUAL CONGRESS, 1934

The Annual Congress of the Ophthalmological Society of the United Kingdom was held at the Royal Society of Medicine, London, on April 12, 13 and 14.

Mr. B. Cridland, as Vice-President, was in the Chair in the absence of Mr. M. S. Mayou. Mr. Cridland expressed on behalf of the Congress sympathy for Mr. Mayou and his family in his illness, and regrets for his enforced absence and wished him a speedy recovery to good health. Miss Mann read Mr. Mayou’s Presidential address on “The Surgical Treatment of the more
unusual forms of Squint and Heterophoria.” At the conclusion of this address Mr. Walker proposed a vote of thanks to the President and this motion was seconded by Dr. John Rowan. Abstracts of the papers are published elsewhere in this number.

Dr. Bernard Chavasse in opening the discussion on the President’s address spoke of the importance of careful and accurate diagnosis before undertaking the treatment of squint, illustrating his points by case notes and personal reflections on these.

Mr. McMullen dealt mainly with ocular torticollis, its investigation, the part played by paresis of the superior oblique muscle and discussed its treatment. In his opinion the employment of Hess’ screen in the diagnosis of paralytic squint is worthy of an extended trial.

Sir Richard Cruise, in the discussion that followed, spoke of his experiences in the surgical treatment of high degrees of heterophoria. He discussed the operation of “reefing” of the muscles and estimated that 1 mm. of “reefing” would correct 2·5 degrees of squint. Mr. Humphrey Neame spoke of those cases where one eye deviates upwards and the other laterally on directing the eyes to the side. He discussed the surgical treatment of external rectus palsy.

Mr. Williamson-Noble described cases in which he had performed recession of the inferior rectus for hyperphoria and also resection of the internal and external recti for exophoria and esophoria.

Dr. George Young, Mr. P. G. Doyne, Mr. Lewis Savin and Dr. Giri also took part in the discussion.

In the afternoon Mr. E. Wolff read a paper about “Pulmonary Embolism following Ophthalmic Operations.” He discussed aetiological theories of this condition and made some tentative suggestions. In his opinion the operation on the eye per se probably plays no part in this condition. Mr. Penman and Dr. Russell Brain took part in the discussion.

Mr. Whiting gave an interesting account of a case of “Obstruction of the Central Artery of the Retina with Simultaneous Hemiplegia,” and discussed its anatomical factors and possible pathology.

Mr. A. Sorsby’s paper on “Retinal Abiotrophy” provoked a lively discussion in which Sir John Parsons was opposed to the unsatisfactory term “abiotrophy” which he maintained did not explain the pathological nature of the diseases included in Mr. Sorsby’s classification. Abiotrophy translated literally means dead nutrition and this does not give the desired conception of the pathological group in which the degenerative retinal lesions under discussion can be included. Sir John made some general remarks
about the danger of introducing new terms which do not satisfactorily explain a condition and may become a snare. The collection of familial and hereditary diseases of the retina and others affecting a wide part of the central nervous system under one diagnostic label had to be received with some reserve. The inherent congenital weakness in certain structures that leads to their premature degeneration is at present a conjecture. In the case of retinitis pigmentosa there is evidence against choroidal degeneration, but this has not been entirely disproved. Degenerative changes occurring in this disease may be accounted for on an anatomical basis of a vascular nature. Sir John was of the opinion that the inclusion of Tay-Sachs disease under "retinal abiotrophy" was straining a point.

Mr. Malcolm Hepburn agreed with Sir John Parsons. He discussed the problems of sclerosis of the choroidal vessels in the causation of certain retinal degenerations.

Mr. Waller's paper on "Atropine Irritation and its Prevention" aroused considerable interest. In the discussion Mr. Cridland said that he had noted that such cases were not irritated by using lamellae of atropine. Mr. Black stated that the subconjunctival injection of atropine did not provoke irritative signs. Mr. Williamson-Noble spoke of the importance of Mr. Waller's work on atropine desensitization in cases of secondary glaucoma and he observed that its principles might be employed with advantage in other eye diseases, such as spring catarrh. Messrs. Mackay, Griffith and Giri also took part in the discussion.

Mr. Law's paper on "Calcium and Parathyroid Therapy in Progressive Myopia" was illustrated by graphs of his case groups in terms of dioptries of myopia and time. In the discussion that followed Mr. Whiting spoke of the difficulty in ascertaining whether arrest of the myopia was due to the administration of calcium or to the natural course of events. He felt that it was important in these cases to ascertain the blood calcium.

Mr. Flemming discussed the biochemistry of blood calcium and the alkali reserve. Sir John Parsons was opinion that a large number of cases and controls over a long period of time should be worked upon before any definite conclusions as to the value of this treatment were made.

Dr. Spencer Walker said that in his experience the results of this treatment were encouraging. He advised that the height and weight ratio should be noted parallel with the record of refraction.

Mr. Clegg stated that medicinal doses of calcium produced no effect on the blood calcium. Mr. Williamson-Noble said that it was important to administer calcium on an empty stomach, and that the preparation must be fresh. Mr. Alabaster and Mr. Giri also took part in the discussion.
Friday, April 13.

In the discussion that followed Mr. Dee Shapland's paper on "Retinal Detachment in Aphakia" Mr. Affleck Greeves described a case of retinal detachment occurring in an eye 26 years after needling at the age of 2 years. Mr. Humphrey Neame spoke of traction forces in the vitreous in those cases of cataract extraction followed by vitreous loss or where a large amount of vitreous had come forward into the anterior chamber after capsulotomy. Mr. Cridland stressed the importance of considering the type of capsulotomy to perform in a particular case.

Mr. Cole Marshall described his "Technique in the Operative Treatment of Retinal Detachment." He showed charts for mapping out the detached area of the retina and for planning the operation site.

Sir Arnold Lawson read two interesting papers. That on "Agranulocytic Anaemia with Retino-choroidal Lesions" was discussed by Dr. Bellingham Smith, who made some interesting remarks on the aetiology, pathology and treatment of this rare blood condition. The other paper was about a case of "Cerebro-spinal Rhinorrhea following Fracture." Mr. Julian Taylor discussed certain features of surgical importance in such a case and described some of the methods employed to close the leaking tract by a connective tissue graft.

Dr. Russell Brain's paper was discussed by Mr. Traquair who said that disseminated sclerosis sometimes followed the clinical course of an acute unilateral optic neuritis. He believed that nasal sinusitis was one of the last things to cause optic neuritis and that dental sepsis and syphilis rarely did so. Mr. Heckford stated that he had collected 10 cases of retrobulbar neuritis and that complete recovery took place in all of these without any treatment. He mentioned the possibility of a psychological factor in some cases.

Mr. Penman read an admirable paper on "The Representations of the Areas of the Retina in the Lateral Geniculate Body." Sir John Parsons in praising this work said that he hoped Professor Le Gros Clark and Mr. Penman would continue their researches and trace the fibres from the external geniculate body to the cortex.

Friday Evening.

Following Mr. Foster's paper on "The Percentage Incidence of the Different Types of Senile Cataract," Mr. Greeves spoke of the fruitful results to be gained by studying the lens cortex with the slit-lamp before operation. He described some of the characteristic features of the diffuse lenticular opacities seen in myopia, blue-dot cataract, hypermature and Morgagnian cataracts. Mr. Neame described the annular opacities seen in the cortex of certain
cases. Mr. MacCallan said that the anterior cortex was of no consequence in cataract extraction, but that it was essential for the posterior cortex to be sclerosed for the lens to come away cleanly from the capsule.

Dr. Clark Souter gave an interesting paper on the "Iris Changes Revealed by Simple Diascleral Diaphanoscopy," which was well illustrated by drawings of a variety of lesions he had detected by means of this method of examination.

Mr. Rycroft's paper on "The Vascular Control of the Intraocular Pressure" was discussed by Mr. F. T. Ridley who stated that a loss of capillary tone led to a rise of intra-ocular pressure and the loss of capillary pressure to an increase of volume. Deficiency in drainage of the aqueous resulted in a collection of katabolites in the anterior chamber, and that the presence of "H" bodies was also probably due to this cause. The President also spoke of the important rôle of drainage of the intra-ocular fluid.

Mr. Savin's paper on the "Clinical and Post-mortem Notes of a case of Budd's or Chiari's Disease preceded by Exudative Retinitis, Iridocyclitis and Secondary Glaucoma" was interesting, instructive, and illustrated by photo-micrographs.

The Annual Dinner

The Annual Dinner was held on Thursday, April 12, at the Langham Hotel. Mr. Bernard Cridland represented Mr. M. S. Mayou in the Chair. The following were among the guests of honour:—Sir Arthur Robinson, Principal Secretary, Ministry of Health; Mr. P. M. Evans, LL.D., Chairman of the Prevention of Blindness Committee and Vice-Chairman of the Committee for the Promotion of the Welfare of the Blind; Surgeon Vice-Admiral R. St. G. S. Bond, K.C.B., the Admiralty; Lieut.-General Sir Harold B. Fawcus, K.C.B., C.M.G., the War Office; Major General J. A. Hartigan, C. B., C.M.G., D.S.O., K.H.P., also of the War Office; and Mr. Warren Low. The Chairman proposed His Majesty the King. Mr. Leslie Paton toasted the Ophthalmological Society; Sir John Parsons proposed the health of the guests and Sir Arthur Robinson responded. Mr. Cridland proposed the President; and the Secretaries, Mr. Humphrey Neame and Miss Ida Mann, also spoke.

The Scientific Museum

On Friday afternoon the President received a warm welcome as he took the Chair.

A series of five minute demonstrations on material shown in the Scientific Museum was given by the exhibitors. This innovation was the President's idea and it proved to be a great success.

On behalf of Sir Stewart Duke-Elder, Mr. Rycroft showed a
new portable scotometer, an eye-warmer and operating spectacles for attachment to a pair of ordinary glasses. Mr. Rycroft also demonstrated an ultra-violet radiation lamp and an irrigating iris repositor of his own design.

Mr. Williamson-Noble showed two devices for diagnosing retinal incongruity and also explained the optical principles of size lenses.

Mr. Cridland exhibited veils for protecting the eyes of industrial workers. These had been thoroughly tested and found to be satisfactory. Although they reduced illumination by 20 per cent., this could be compensated for by increasing the lighting of the work.

Mr. Leslie Paton showed a painting of Kayzer-Fleischer ring; fundus pictures of Bourneville’s, Recklinghausen’s and Lindau’s diseases; and a pair of tubular spectacles which he had found of assistance in cases of defective vision, particularly those due to macular disturbances.

Miss Dobson exhibited anaglyphs and explained the principles on which they are made and their utility in squint training.

Sir Arnold Lawson showed a portable battery and lamp; the latter could be held in a handle or attached to a head band. Mr. Sinclair said he had found such a lamp very useful in the performance of intra-capsular extraction of cataract.

Miss Jackson demonstrated some new slides for fusion training and Miss Sheila Mayou a new form of strabismoscope costing only £1 10s. 0d. Mr. Glegg showed some diagrams for the subjective estimation of astigmatism and a new arrangement of test-types. Mr. Gray Clegg exhibited a photograph of an intra-ocular foreign body which had measured one inch in length and a quarter of an inch in thickness.

The President demonstrated an ingenious self-recording device for projecting a spot of light on to a Bjerrum screen. Mr. Juler showed fundus drawings of concussion injuries, and of discharges occurring as the result of an optic nerve tumour; Mr. Ballantyne a fundus drawing of an abnormal retinal artery associated with haemangioma and lymphangioma of the lids; Mr. Neame a series of lantern slides of various external conditions. Mr. MacCallan exhibited slides from a case of bilateral glioma, in which radium therapy had failed to arrest progress of the growth in the eye which was not removed. This case was discussed by Messrs. Giri and Griffith and by the President. Mr. Wolff demonstrated a specimen showing the kink in the course of the sixth nerve, and drawings of an eye in which siderosis had occurred 16 days after injury. Mr. King showed a series of microscopic slides of various pathological eye conditions. Other exhibits in the Museum were macroscopic and microscopic pathological specimens shown.
by Messrs. Usher, Gray Clegg, Clark Souter, Law, Sorsby and Savin; the spectra of the ash of senile cataract by Mr. Burdon Cooper; a series of fundus drawings selected by Mr. Rayner Batten; drawings of pathological conditions by Mr. Leslie Paton and Mr. Juler; cover test spectacles by Mr. Chavasse; and red-free ophthalmoscope by Mr. Levy.

Trade Exhibition

Many items of surgical and optical interest were shown in this exhibition, a catalogue of which was supplied to members.

The exhibition lasted throughout the Congress, and was admirably displayed in one of the lecture rooms of the Royal Society of Medicine. The following is a list of the exhibitors:—Messrs. Bowing, Clifford Brown, Clement Clarke, Curry & Paxton, Down's, Dixey, Hamblin, Hawes, Keeler, Lewis, Rayner & Keeler, Uni-Luxe Optical Company, Weiss, and Zeiss.

Saturday, April 14.

Papers were read from 9.30 a.m. to 12 noon. Professor Adolf Gutmann described and demonstrated the piezometer, an auxiliary apparatus for the diagnosis of retrobulbar orbital tumours.

The Congress ended with the Annual General Meeting of the Society and a visit to optical workshops in the west-end, where the various processes in the manufacture of spectacle lenses, safety glass, frames and ophthalmic instruments were admirably demonstrated.

H. B. S.

ABSTRACTS OF PAPERS

THURSDAY, APRIL 12.

"The Surgical Treatment of the More Unusual Forms of Squint and Heterophoria, with Especial Reference to End-Results."
MR. M. S. MAYOU.

Introduction.—Cases selected from about 700 operations.

Operation used.—Tenotomy with re-attachment of the muscle, or tenotomy with tenectomy. Testing the result at the time of operation with light in the ceiling of the operating theatre. When the operation is finished this should be within $2^\Delta$ or $3^\Delta$ of the final result as tested six weeks after the operation, provided that the muscles have not been unduly pulled upon during the operation. Stitch material used: Japanese fishing gut, boiled.

Hyperphoria.—Low degrees treated by prisms. High degrees