direction may be added to the R.P. only, although it is recommended not to use more than 3Δ in each eye owing to the increased thickness.

The position of the segment and the amount of prism added may be such that the distance optical centre and the optical centre of the R.P. are at the edge of the segment. Again, this lens may be used to produce a single vision lens with two optical centres at any given point.

Two rather rough sketches illustrating the bifocals referred to are attached and we hope these will make our points quite clear.

Yours faithfully,

for United Kingdom Optical Co., Ltd.,

E. E. Snow,

Secretary.

MILL HILL, LONDON, N.W.7

September 8, 1936.

OBITUARY

W. E. CANT

We regret to record the death of William Edmund Cant at his home, Lexden, Colchester on August 17, 1936, at the great age of 92. Mr. Cant was a scholar of Colchester Royal Grammar School and entered St. George's Hospital in 1868, the same year as P. H. Mules of glass globe in the sclerotic fame. Qualifying M.R.C.S. in 1868, Cant was house surgeon at St. George's in 1869 and proceeded F.R.C.S. in 1874, and M.D. Dunelm, 1885. From 1878 to
1886 he was surgeon in charge of the Government Lock Hospitals, as well as assistant surgeon to the Central London Ophthalmic Hospital.

The great work of his life was done in Jerusalem, where for a quarter of a century he was surgeon to the British Ophthalmic Hospital which is under the control of the historic order of St. John of Jerusalem. When Cant took up his work there in 1886 the conditions were very primitive. The magnificent hospital which now exists and has done so much good work in Palestine, is a lasting memorial to his enthusiasm and perseverance. It was only fitting that he should have been made a Knight of Grace of the order of St. John of Jerusalem.

On retiring from active work he went to live at his old home in Lexden.

He did not write much but a paper of his in the Transactions of the Ophthalmological Society in 1904 on an operation for Trichiasis-entropion is classical. "Cant's Cuts," described in this paper, increase the efficacy of Streatfeild's operation on entropion in inveterate cases and are of importance.

Dr. T. Harrison Butler writes:

I worked under Cant for four years at Jerusalem.

He was a member of the well-known rose growing Cant family of Colchester. He was married to Mary Cant, and had no children. His widow survives him.

His amusements were yachting as a young man, and I think riding. He was a good musician and spent much of his spare time playing the piano.

Cant was trained at Moorfields under Nettleship, for whom he had a most intense admiration. One of his commonest phrases was:—"Nettleship used to say . . . . ."

He was a sound but not a brilliant operator. Naturally in Jerusalem the results of trachoma were universal, and the operations for trichiasis and entropion took up many hours of the week. In my time we used to operate upon three mornings a week, and see out-patients on the other three. We had to make all our solutions of cocaine and sharpen our scalpels. Cataract knives and such like went back to Weiss in a travelling case with a glass top so that the Customs could see what it contained without handling the contents. All the trichiasis cases had a general anaesthetic, ether, administered by the Arab dispenser. We used the Clover apparatus, and had difficulty in preserving the rubber bags. We never had any trouble with general anaesthetics. Cant modified Snellen's operation and used it exclusively. His
valuable modification consisted in substituting the excision of a square bit of tarsal plate instead of the usual triangular strip. In bad cases he did an internal and external canthoplasty. I could never persuade him to perform van Milligen's operation which in the majority of cases is by far the best operation. For ptosis he used to perform Panas' operation. All cataracts were extracted by the orthodox method, combined operation, and apart from an occasional panophthalmitis, the results were excellent. Irido-cyclitis was practically unknown. In my time iridectomy was the only operation for glaucoma, but as the majority of the cases were seen when the condition was far advanced it did not much matter what operation was done. An enormous number of optical iridectomies were performed with very poor results. We were pleased if the patient could see to get about. There is a wonderful field for corneal grafting at the British Ophthalmic Hospital. Practically all the patients suffered from trachoma, but it never made the slightest difference to the results of intra-ocular operations.

In the busy season we used to see about 100 new patients a morning, Cant saw the new ones on two days a week while I saw the old ones. On the third day we reversed our rôles. This meant that the assistant surgeon was responsible for one third of the new cases. The majority of the work was associated with external diseases, mainly keratitis and conjunctivitis, with the ubiquitous trachoma. We did not do much refraction, and retinoscopy and ophthalmoscopy was all done with the aid of a paraffin lamp, and a most useful illumination it is too.

During the summer months the onset of the epidemic of acute muco-purulent conjunctivitis made the work of the out-patient department very strenuous, and even dangerous. The greatest care had to be taken to avoid self infection. I saw some very tragic cases among the missionaries caused by neglect of these precautions.

Cant was a most conservative man and opposed to any innovation. He stuck to silver nitrate in 1 per cent. solution and never used the newer preparations of silver. He did not recognise the existence of spring catarrh, a very common condition in Jerusalem. He treated trachoma on the conventional lines which even now seem to be the best, rubbing with either blue-stone, or with the copper-alum stick. Cant recognised that few eyes will tolerate long continued treatment with pure copper sulphate. The patients took home the ordinary yellow oxide of mercury. Excision of the tarsus was never done in my time.

Cant was a reserved, taciturn man, but he was thoroughly conscientious with a keen sense of duty. His life work was the development of the British Ophthalmic Hospital at Jerusalem.
He had a passion for building, and the gradual enlargement of the original small and quite inadequate premises near the railway station to the fine buildings he left behind him gave him immense pleasure. His whole life's interest was the Hospital and its work, and no man could wish for a fitter monument than the present Hospital. For many years Mrs. Cant acted as matron and housekeeper of the institution, not at all an easy job in an Eastern Country. The patients came from all over Palestine, and from beyond the Jordan. Some had several weeks journey on a camel coming from far south from the Sinai District. They had heard of the fame of "The Father of Hairs," which being translated means the "curer of trichiasis." The work of the Hospital had to be carried out in several languages: Arabic, "Yiddish," Greek, Russian, and many others. A smattering of many of these tongues was all in the day's work.

Cant may be forgotten at home, but for many years the memory of the "Hakeem" will be green among the Arabs in and round Palestine.

NOTES

The Decennial Index

The index for Volumes XI—XX is in preparation and will be issued to subscribers early in the New Year.

Professor Terrien announces the customary annual post-graduate course in ophthalmic surgery in October. The course will be composed of twelve sessions and a certificate will be granted on completion. Further particulars can be obtained from Professor Terrien.

The Annual Lectures under the auspices of the North of England Ophthalmological Society will be delivered next year by Professor A. J. Ballantyne of Glasgow. His subjects will be:

1. "Modern Methods in Ophthalmoscopy" at Sheffield University on Friday, January 29, 1937 at 4.30.