But the driver is not the only person to be considered; there are his passengers, the occupants of the other vehicle and the pedestrians.

When all is considered the visual acuity of the driver is only one of many points in motoring, but it is a very important one. We certainly think that a driver who has caused a death on the roads by carelessness should be debarred from ever having a licence to drive again. Of course if he kills himself there will be no need for any such restrictions, but the unfortunate thing is that so often it is the opposite party who suffers.

OXFORD OPHTHALMOLOGICAL CONGRESS

The twenty-seventh annual meeting of the Congress was held at Keble College on July 7, 8 and 9. The Master, Mr. C. G. Russ Wood presided.

Prof. Hugh Cairns (Oxford) opened from the neurosurgical standpoint a discussion on the aetiology, diagnosis and treatment of ocular palsies. He said that the lesions causing ocular palsies are mostly expanding lesions within the orbit and cranium, the clinical picture depending to a remarkable extent upon the speed with which compression or stretching is produced. He referred to the work of Russell Brain on exophthalmic ophthalmoplegia, a progressive condition often following thyroidectomy but also developing spontaneously without thyroid changes. Prof. Cairns concluded by saying there was no short cut to the mapping of this fascinating field, which could be further explored by the use of radiography, ventriculography and arteriography, and in appropriate cases by surgical exploration.

Dr. Bernard Chavasse (Liverpool) spoke of the clinical sequelae of ocular palsies. He described the causes and results of over action of muscles and the effects of over action on the muscle itself and on the fasciae of the orbit. Dr. Chavasse discussed the aetiology of congenital torticollis and the diagnosis and treatment of congenital palsies.

Mr. F. A. Williamson-Noble (London) gave an address on contact glasses from the clinical standpoint with a survey of results obtained. The indications for contact glasses were optical, occupational and cosmetic. Optical indications included (a) high myopia, (b) conical cornea, (c) after-effects of mustard-gas burns, (d) hypermetropia and astigmatism, (e) macular disease, (f) faceted cornea. A questionnaire addressed to a large number of patients showed that 50 per cent. of myopes could wear contact glasses for six
hours or more. Conical cornea patients tolerated them better still and excellent results were obtained in the mustard-gas and pemphigus cases.

Dr. I. A. Van Heuven (Utrecht) read a paper on papilloedema. He said that hydrostatic experiments seem to confirm his views that papilloedema developed when intracranial exceeded intra-ocular pressure. As to the genesis of papilloedema mechanical factors played an important rôle, but they could not account for all the phenomena. The colloid chemical conditions of the optic nerve and surrounding tissues also influenced the development of papilloedema.

Prof. Hugh Cairns (Oxford) produced experimental evidence that concentration of CO₂ in the cerebral blood increased intracranial pressure.

Cataract.—The Doyne Memorial Lecture was delivered by Dr. A. von Szily, Emeritus Director of the University Eye Clinic of Münster. Discussing histology the lecturer showed a number of slides demonstrating the displacement of the nuclear corona and other features of normal and abnormal development of the lens. He traced histologically the development of punctate, lamellar and nuclear cataract, and contrasted them with the conditions observed during the formation of hard and soft senile cataracts, of Morgagnian degeneration of the lens and of complicated cataracts.

Intracranial Blood Pressure and Intra-ocular Tension.—Prof. Hans Lauber (Warsaw) delivered an address on the relationship between intracranial and retinal blood pressure and intra-ocular tension. He described the influence of general low blood pressure in accelerating the progress of optic atrophy. Dr. Lauber noted that the treatment of optic atrophy must aim at raising the general blood pressure and lowering intra-ocular tension. He concluded that hydrodynamic disturbances were among the most important factors in the formation of tabetic and some other varieties of optic atrophy.

Anaesthesia in Ophthalmic Surgery.—A discussion was opened by Dr. H. M. Traquair (Edinburgh). He described how total anaesthesia had now been achieved by injection round the lids over a wide area, by applying cocaine to the eyes and by subconjunctival injections above and below the cornea.

Dr. Margaret Galbraith (Birmingham) gave statistics of post-operative vomiting with different methods of anaesthesia.

Mr. Lindsay Rea (London) detailed his technique of orbital injections with a specially made curved needle.

Some other Communications.—Mr. Harrison Butler, speaking on capsular glaucoma, showed drawings to illustrate detachment of the zonular lamella from the lens in traumatic and pathological
conditions. He appealed to members of the congress to make slit-lamp observations so that the true frequency of this condition might be established.

MR. FREDERICK RIDLEY (London) described an "active" substance in the tears. He suggested that in glaucoma there might be a lack of some substance antagonistic to histamine-like bodies. His own work showed in normal tears a substance similar to histamine; it was not destroyed by boiling or by blood or serum. It was not acetylcholine. It produced the wheal and flare reaction in the skin and caused a rise in intra-ocular pressure through vascular dilatation.

DR. IDA CZUKRASZ (Debrečen) described Hungarian plastic methods particularly those employed by Prof. Blaskovics and Prof. Kreiker, showing photographs of the excellent cosmetic results obtained in replacing large areas of diseased skin in the region of the lids.

ABSTRACTS

I.—CONJUNCTIVA


(1) Several cases of accidental infection in doctors have been observed by Wilson. In all of them the disease began after a few days with moderately acute symptoms such as redness and oedema of the conjunctiva, oedema of the limbus and slight discharge. In other persons, however, the disease begins imperceptibly, and is usually in Egypt obscured by chronic mixed infections.

Incipient Trachoma

In the initial stage there appear the phenomena of a subacute inflammation. In the lamina propria of the conjunctiva the superficial capillaries become dilated, the endothelial cells lining the smallest vessels enlarge and show signs of proliferation, there is an increase in the number of lymphocytes normally occurring in this situation, especially in the neighbourhood of the small vessels, and the number of histiocytes is greatly increased; the histiocyte has many other names—mononuclear cell, endothelial leucocyte, endothelioid cell, monocyte, polyblast, etc. A few plasma cells are present right from the beginning, but polymorphs are inconspicuous except in the epithelium itself, where they are to be found in small