The annual report of the National Ophthalmic Treatment Board for last year follows the customary lines. The work of the Board is dealt with under three main headings, viz., Investigation, Education, and the origin and development of the National Eye Service.

A comprehensive survey is in progress by the Industrial Health Research Board of the Privy Council in cooperation with the Board, to determine the incidence of eye defects among adult workers and the practical improvement resulting from properly corrected sight in the reduction of accidents, increased productive efficiency and improvement in the well-being of workers. The report, it is hoped, will be published early next year and will be eagerly welcomed.

The fifth analysis of a block of 10,000 cases of eye defect by the same competent statisticians as before has been undertaken and the results of the combined five years of 50,000 cases are given in a table. Errors of refraction gave a percentage of 63.65; errors of refraction with other eye conditions, one of 27.68; other eye conditions only, one of 7.90; and no appreciable defect was found in a percentage of 0.77. Among the other eye conditions tabulated the conjunctiva gave 7.33 per cent.; the cornea, 2.25 per cent.; the uvea, 4.02 per cent.; optic neuritis or atrophy, 0.96 per cent.; cataract, 7.43 per cent.; glaucoma, 0.75 per cent.; myopia above 5 D., 3.18 per cent.; squint, 6.46 per cent.; constitutional disease, 4.48 per cent.; bad conditions of work, 0.47 per cent.; injuries or effects of, 0.99 per cent.; and other material conditions, 3.61 per cent.

Employers of labour should consider these returns with care: the low proportion of bad condition of work, and that of injuries or their effects is noticeable. We hope that future years will show even a further decline.

It is most satisfactory to learn that there is no longer any popular prejudice against spectacles.

As in past years films have been much used for educational propaganda: “Eyes Right” was issued early in 1938 and has had a very successful run.

The final paragraph of the report shows the enormous growth of the National Eye Service. In its first year it dealt with 6,000
patients, to-day the annual number exceeds 150,000. These figures speak for themselves and are a matter for congratulation for all concerned.

Arrangements during the War: Preliminary Notice

The management of the British Journal of Ophthalmology hopes to be able to publish 48 page numbers till the end of this year in order to complete the XXIIIrd volume. It has been decided to discontinue the section on contemporary ophthalmic literature and drastically to curtail the abstract section.

We hope to give a note on future policy in the December issue.

ABSTRACTS

I.—MISCELLANEOUS


(1) An abstract of Lyons previous work on spring catarrh was given in Vol. XXII, No. 9, p. 563. He stated that the lesions are not due to a proliferation of pre-existing connective tissue but to an invasion of the normal conjunctiva by new fibrinous material and wandering cells, originating from the capillaries of the conjunctiva; that there must be an intangible and indefinite abnormality of the capillaries, and that the lesions are merely local manifestations of a general bodily departure from the normal. The process is the same whether the disease attacks the palpebral or the bulbar conjunctiva, and the form each lesion takes depends on the structural characteristics of the site involved and the degree of capillary leakage.

This disease is always bilateral and usually symmetrical. It may begin in any part of the vascularized subepithelial tissues of the lid or globe, either from the vessels normally present in the episcleral tissue or from new vessels such as those of trachomatous pannus. This may be one of the chief reasons for the frequency and severity of spring catarrh in trachoma-infested countries.

If the conjunctiva is wiped with a swab and immediately examined under magnification, tiny droplets like dew are seen to exude through the epithelium. They grow in size and coalesce to form a film over the tarsal conjunctiva. As soon as one film is removed another