The head of the instrument is inserted through the corneal wound with the smooth upper surface against the under-side of the sectioned cornea.

For the right eye the capsule forceps is held in the left hand, and in the right hand for the left eye. This prevents cramping and allows one to guide the forceps towards the centre of the lens.

As the introduction of the blades takes place, the smooth surface is kept against the cornea and free of the iris.

When the steep angle of the neck of the instrument reaches the circumference of the sectioned cornea, the cornea is made to slide gently up the neck by tilting the body of the instrument back slightly. This will bring the central axis of the fixed centre pin over the central axis of the lens.

The blades are then separated and made to engage the capsule, and the capsule separated by lateral tearing movement.

The removal of the forceps with the engaged capsule is the reverse of the above manipulation of introduction.

**The Grid Vectis.**—This instrument consists of the usual vectis loop into which has been inserted a fine mesh.

The mesh (or grid) has been designed to allow aqueous and degenerate vitreous to sieve through, but not thickened lens matter.

The grid prevents the escape from the vectis of dislocated lenses situated in awkward positions within the globe. It prevents “doubling” through the loop of a shrunken lens, and enables the operator to secure the nucleus of the hypermature cataract.

I have known the vectis cut the lens in two and the problem of removing the portions is almost insuperable. The grid will prevent this.

Such conditions as friable foreign bodies in the anterior chamber can now be attempted with some hope of success. Such foreign bodies include sandstone, coal and glass.

The vectis head is saucer shaped, attached to a malleable silver stem, so that the head can be adjusted to any angle to suit the needs of the surgeon.

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**THE COUNCIL OF BRITISH OPHTHALMOLOGISTS**

**Annual Report 1938-39**

The Council presents its report for the year 1938-39. At its meeting in July the following were elected Officers:—President: Sir John Parsons; Vice-Presidents: Mr. R. A. Greeves and Mr. W. H. McMullen; Hon. Treasurer: Mr. Humphrey Neame; Hon. Secretary: Mr. M. L. Hepburn.
The following were appointed to serve on the Executive Committee:—The President, Hon. Secretary and Hon. Treasurer (ex-officiis), with Messrs. Cardell, Doyne, Greeves, Law, and Miss Mann.

Owing to the formation of the New Ophthalmic Group Committee of the British Medical Association, the Council of British Ophthalmologists is no longer officially represented on this Committee, but they have been invited to send two members to act as observers with the right to express an opinion but with no voting powers. Messrs. Cardell and Doyne were elected to represent the Council of British Ophthalmologists in this capacity.

The Council has to record with regret the death of Mr. Russ Wood, one of the permanent members of the Council.

During the year the Council has not been called upon to deal with any problem of special importance.

Several facts in connection with sight-testing opticians have been reported to the Executive Committee by the observers appointed to the British Medical Association Ophthalmic Group Committee. Thus (1) it was discovered that the Air Ministry in the pamphlet of instructions issued to recruits had asked for a declaration of visual acuity by “an optician.” On protest being made this was amended to “an ophthalmic surgeon, the eye department of your local hospital, or by a qualified optician.” After further representations to the Air Ministry the form issued to recruits now omits any suggestion as to how the sight should be tested. (2) A proposal for a round table conference with the Ophthalmic Group Committee was made by the Central Optical Council (representing some of the sight-testing opticians), but it was opposed as being liable to misrepresentation. (3) The North London Association of Ophthalmic Opticians approached the M.O.H. of Kensington with an offer to train opticians to act at first aid posts, casualty clearing hospitals, etc., for A.R.P. work. The opticians will be in charge of the eye cases. Action by the British Medical Association resulted in the offer being refused. It is felt that if opticians are recognised as being capable of giving these services the fact will not be lost sight of by their organisations, should they agitate again for recognition by Parliament.

Any expenses of the Council have been met out of the funds in the hands of the Hon. Treasurer.