

that it is not possible to escape this enormous amount of clerical work which falls on the man who tests the vision and is responsible for the actual refraction, but we should have thought that in matters ophthalmological the army authorities might have taken a lesson from Moorfields Hospital, where the details have only to be entered on the out-patient card or in-patient sheet as the case may be, and the prescription filled in on the official form. But it would seem that, in the army, form filling is no new thing. Sir W. H. Russell, the celebrated war correspondent of *The Times* in his book on the British Expeditionary Force in the Crimea (1888) has a good deal to say about it. "Lord Raglan," he writes, "went out to one or other of his divisions every day he could spare from his desk. Perhaps there was no clerk in England who had so much writing to get through, *ipsa manu*, as the Field Marshal in command of the Forces. I believe his Lordship was frequently up till 2 or 3 in the morning, looking over papers, signing documents, preparing orders and despatches, and exhausting his energies in secretary's work. Such a life could with most men afford little opportunity for energy and action. The system that necessitates such labours on the part of the commander in chief must be faulty; it certainly was unsuited for the field and for times of war and was antiquated and cumbrous. The requirements of home authorities obliged the heads of departments to do a great deal of writing. They had to fill up innumerable forms, requisitions, abstracts and returns, and every motion in the House for papers overwhelmed them with fresh matter for pen, ink and paper." Of General Sir James Simpson, we find on page 541, "The general was a victim to writing like his predecessor. He was more a clerk than a general. Now is it the Horse Guards which enforces all this scrivening? If the army cannot be commanded without all these forms and returns let us have in future a writing general and a fighting general."

If Lord Beaverbrook can manage to simplify the herculean task of form filling he will earn the gratitude of everybody.

---

## ANNUAL CONGRESS OF THE OPTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

---

THE Annual Congress of the Society was held in Trinity College, Cambridge, by courtesy of the Master and Fellows, on Thursday and Friday, September 4 and 5, 1941. Considering the difficulties of arrangement, there was a very good attendance of some eighty members.

In opening the Congress, the President, Mr. R. Affleck Greeves,

expressed gratitude to the Master and Fellows of Trinity and the Provost and Fellows of King's, at which latter College some thirty members stayed; the others were billeted in lodgings. He also thanked the acting Honorary Secretary, Mr. Frank Law, who had undertaken the organisation of the Congress in the absence on service of the two Honorary Secretaries.

The President's paper was on the subject of "Oedema of the Macula," which he discussed in a most interesting manner from many angles. Mr. Neame in his paper on "Dendritic Ulcer and Herpes Simplex," urged extensive research into this subject in order to determine the best treatment and final visual results. Mr. T. Harrison Butler (Past President), in discussing "Migraine," doubted whether headache was often due to ocular defect. The ensuing discussion was largely a relation of personal experience of the malady. The report of the Military Personnel Research Committee of the Medical Research Council was embodied in a paper by Sir John Parsons on "Eye Protection in Warfare," and provoked a lively discussion.

The subject for discussion was "Ocular Injuries Resulting from the War," and was opened by Dr. O. M. Duthie and Professor Zuckerman. More than twenty members contributed to a discussion of considerable interest, in which the vexed question of pure blast injuries was freely debated. Dr. M. D. Thakore described a case of Pterygium, and Mr. O. Gayer Morgan one of Nystagmus Synchronous with the pulse rate. An admirable demonstration of differential staining of the rods and cones, and of cholesterol crystals in celloidin sections, was given by Mr. Eugene Wolff. Mr. Williamson-Noble's paper on Retinal Holes raised the important point of whether operation was indicated in all cases of detachment.

Squadron-Leader Doggart gave an interesting account of experiences and opinions on the subject of war-time service refractions, and Wing-Commander Lyle described very successful results of the operative treatment of post-traumatic diplopia and heterophoria. Mr. Frank Law described a rare case of "Squamous-celled Carcinoma of the Conjunctiva," with histological reports. Mr. Cashell reported a case of "Orbital Angioma," and Mr. Lindsay Rea described the successful treatment of a "Case of Keratitis," by 10 per cent. magnesium sulphate solution.

The Annual General Meeting was held on Thursday, September 4, at 2.30 p.m. The Report of the Council for 1940-41 was read and adopted, and the officers for the ensuing year were elected. *President*: R. Affleck Greeves, M.B.; *Vice-Presidents*: F. A. Juler, W. M. Muirhead, N. Bishop Harman, W. C. Souter; *Hon. Treasurer*: Sir Arnold Lawson, K.B.E.; *Council*: L. H. Savin, Frank W. Law, G. G. Penman, Arnold Sorsby, S. S. Meighan, A. B. Nutt; *Ex-Officio*: Presidents of Affiliated Societies; *Honorary Secretaries*:

J. H. Doggart, E. F. King; *Acting Honorary Secretary*: Frank W. Law.

The Treasurer's Report and Balance Sheet were adopted, and other business conducted. A vote of thanks to the President and Officers was carried with acclamation.

Considering the difficulties of the times, the Congress was adjudged extremely successful, and enjoyed by the eighty members who attended.

---



---

## ABSTRACTS

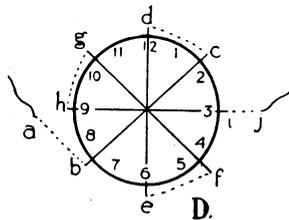
---

### MISCELLANEOUS

---

- (1) **Castroviejo, R. (New York).—Keratoplasty. Comments on the technique of corneal transplantation. Source and preservation of donor's material. Report of new instruments. *Amer. Jl. of Ophthal.*, Vol. XXIV, p. 139, 1941.**

(1) **Castroviejo** compares the technique of circular penetrating partial keratoplasty by means of trephines 4.5, 5.5 and 6.5 mm. in diameter with his method of cutting a quadrilateral flap. He describes a method of securing the graft by a single corneal suture placed in the manner illustrated in the diagram below.



He discusses the difficulties and complications of autokeratoplasty, the transplant of clear cornea being taken from adjacent clear cornea and interchanged with the disc containing the corneal opacity in the same eye. The technique of cutting a single disc in these cases and rotating it so that the corneal opacity lies peripherally and the clear part of the cornea centrally has the disadvantage of necessitating the removal of a large disc with the sequelae of anterior synechiae, secondary glaucoma, vascularization and opacification of the transparent area.

The eyes of still-born infants, or those who die shortly after delivery and cadaver's eyes afford sources of donor material when fresh corneal tissue is unavailable. The latter is in the opinion of the author to be preferred. The best method of preservation of the