

antrostomy is performed to facilitate closure of the buccal sulcus wound and antral wash-outs.

In crush fractures of the malar and zygomatic bones when the bone fragments are depressed, an incision 2 cm. long is made in the temporal fossa along the anterior hair line about half way between the external angular process and the ear. A blunt round-headed elevator is passed downwards on the temporal fascia beneath the anterior end of the zygomatico-malar arch. The blade of the elevator is then lifted forwards and slightly lateralwards as the handle is depressed posteriorly and slightly medialwards. The operator in holding the handle interposes his fingers between it and the temporal region of the vault of the skull so as to prevent damage to the bone at this site. The depressed fragments of malar and zygomatic bones are levered into position. Position is generally maintained without instrumental aids. This skin incision is closed by 3 or 4 interrupted silk stitches.

In some cases it may be necessary to wire the malar to the malar process of the frontal bone or retain it in position by a wire loop which emerges through the skin, and is attached to a metal device secured to a plaster of Paris bandage around the head.

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## COUNCIL OF BRITISH OPHTHALMOLOGISTS

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AS mentioned in the Council's Annual Report this year, representatives of the Council have recently been negotiating with the Council of the Royal College of Surgeons of England in regard to the institution of a Higher Diploma in Ophthalmology which might meet with general acceptance. As a result of these negotiations, in which the representatives of the Royal College have shown every desire to meet the views of the Council of British Ophthalmologists, it has been agreed to institute such a diploma, and various details have been settled. The following extract from a letter from the President of the Royal College of Surgeons, which was presented to the Council of British Ophthalmologists at its meeting on July 5 shows the result of the negotiations:—

“The Council of the Royal College of Surgeons have given careful consideration to the request of the Council of British Ophthalmologists that they should grant a special diploma of Fellow of the College as a higher diploma in Ophthalmology. They agree with the view that a special examination would be more suitable than the usual Final examination for the Fellowship of the College for those specialising in this important branch of practice. It is also clear to the Council that the present regulations for the ‘F.R.C.S. with Ophthalmology’ are too exacting, in that candidates for this diploma are required first to have passed the usual Final

Examination of the Fellowship. The Council therefore agree that there should be a special Final Examination for the Fellowship of the College for those specialising in Ophthalmology and that, since the standard of this examination would be comparable with that of the usual Final Examination, successful candidates should rank as Fellows of the College and that there should be no distinction in regard to status or privileges between Fellows thus admitted and those admitted under the present regulations."

"The Council have no right under the existing Charters to make this arrangement but they are prepared to seek powers to grant a diploma of F.R.C.S. in Ophthalmology to candidates who have passed the Primary Examination for the Fellowship and a special Final Examination on the lines submitted by the Council of British Ophthalmologists."

"It is anticipated that two ophthalmic surgeons would be required on the Examining Board and it is proposed that they should be Fellows of the College and additional members of the Court of Examiners. Two other surgical members of the Examining Board would be selected from the general surgeons on the Court of Examiners, and they would take part in some of the oral parts of the Examination."

The Council of British Ophthalmologists received this letter with the utmost satisfaction since it was felt that a useful step forward had been taken both in regularising the qualification required for ophthalmic consultants, and also in bringing Ophthalmologists into still closer connection with the Royal College. Hitherto the academic qualification required for an applicant before appointment as ophthalmologist to a hospital has varied in different parts of the country; with this new development it is hoped that the Fellowship in Ophthalmology will come to be recognised as the desirable qualification for appointment to any Hospital Staff. It is clear that the offer of the Royal College has involved the assumption of an entirely new attitude towards the Diploma of Fellowship, and the Council of British Ophthalmologists feel that general acceptance of the offer will result in benefit to the speciality in many ways.

Another important step by the Royal College will have been noted by those who have read in the Medical Press the announcement by the President concerning representation on the Council of the College. The announcement as contained in the letter to the Honorary Secretary of the Council of British Ophthalmologists reads as follows:

"The Council of the College regards it as increasingly important to ensure the representation on the Council of branches of practice which at any time have not secured representation by the ordinary process of election. The Council therefore intend to apply for such alterations in the Charters as will enable them to co-opt additional members for this purpose."

"The Council wish to make it clear that the College was founded to promote the science and art of Surgery, and it is to assist in this work that the representation on the Council of appropriate branches of practice is thought desirable. The College is not constituted to deal effectively with social and ethical questions affecting not only Fellows and Members of the College, but all members of the Medical Profession. Such questions pertain to some central authority such as the General Medical Council, or some voluntary intra-professional organisation such as the British Medical Association."

"It is intended to propose that co-opted members may be Fellows or Members of the College of the same seniority as that required for those seeking election into the Council; that co-opted members of the Council be appointed annually (after consultation with the bodies representing appropriate branches of practice); that the same individual be not eligible for re-appointment beyond five years; and that co-opted members do not have the right of voting for the election to the office of President or Vice-President."

"These proposals require alterations in the Charters of the College, and application for such alterations will not be accepted until after the war. The Council, however, consider it desirable that they should have, at an early date, the assistance in their deliberations of representatives of those branches of practice not represented by any of the elected members. They have therefore decided forthwith to invite representatives of appropriate branches of practice to attend the meetings of the Council. The Council have not the power to grant voting rights to those invited to attend the meetings of the Council, but these representatives would have every opportunity to express their views."

"I shall be grateful if the Council of British Ophthalmologists will suggest names of a few ophthalmic surgeons who are eligible as Fellows or Members from whom the Council of the College could select the one who seems to them most suitable."

This announcement, again, was sincerely welcomed by the Council of British Ophthalmologists as giving an opportunity for the speciality to keep in close touch with the affairs of the Royal College, and to express its views and opinions in the deliberations of the Council of the College on such matters as specially affect it. The presence of an ophthalmologist on the Council of the College has been a rare event in the past, and the chances of a representative of the speciality being elected by open vote are small, for obvious reasons. In the future ophthalmologists will be assured of regular representation, and the Council of British Ophthalmologists feel that such continuity will be beneficial both to the speciality and to the College. The Council at its meeting submitted the names of four Metropolitan and two provincial ophthalmologists who were eligible, from whom the Council of the Royal College will select one for co-option on to its Council.