committee shall be a member of the Council. Persons not Members or Associates may be co-opted for temporary service on standing committees when required.

The same rules shall apply with regard to period of service on a standing committee as in the case of the Council.

Special Committees. The Council shall have power to appoint special committees to deal with special subjects and report thereon to the Council. Persons who are not Members or Associates of the Faculty may be invited to serve on special committees, and these committees may be given power to co-opt such persons.

Subscriptions

Members of the Faculty shall pay an initial subscription of three guineas and Associates one of one guinea. The subsequent subscription shall be determined by the Council.

It is anticipated that the new Faculty will work in co-operation with the Universities, Royal Colleges and Corporations of Great Britain and Northern Ireland, and maintain a close liaison with the Ophthalmic Group Committee of the British Medical Association.

The Council of British Ophthalmologists has appointed a special committee to organise the Faculty, to enrol Members and Associates, and to make the necessary arrangements as soon as possible for the election of the Council. When the new Council has been established it will assume all the functions of the present Council of British Ophthalmologists, which will hand over all its records and any other property in its possession.

Forms of application for enrolment as Members or Associates may be obtained from the Hon. Secretary of the organising committee :—

MR. FRANK W. LAW,
45, Lincoln's Inn Fields,
London, W.C.2

ABSTRACTS

MISCELLANEOUS

- (1) Glover, L. P. and Brewer, W. R. (Altoona, Pennsylvania).—
An ophthalmologic review of more than twenty thousand men at the Altoona Induction Centre. *Amer. Jl. Ophthal.*, Vol. XXVII, p. 346, 1944.
- (1) Glover and Brewer give a statistical table of the incidence of refractive errors, congenital defects, injuries and ocular diseases

found in 21,446 men. They found that 21.36 per cent. had eye defects which reduced visual acuity to 20/40 or less.

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- (2) **Reese, A. B. (New York).—Pigment freckles of the iris (benign melanomas): Their significance in relation to malignant melanoma of the uvea.** *Amer. Jl. Ophthalm.*, Vol. XXVII, p. 217, 1944.

(2) **Reese** found iris freckles (multiple benign melanomas) in 48 per cent. of 300 adult patients. In 31 per cent. these were present in both irides. The author noted the more frequent occurrence of benign melanomas of the iris in the microscopic sections of eyes harbouring malignant melanomas of the uveal tract.

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- (3) **Berens, C. (New York) and McAlpine, P. T. (Summit, New Jersey).—Solar kerato-conjunctivitis associated with amblyopia.** *Amer. Jl. Ophthalm.*, Vol. XXVII, p. 227, 1944.

(3) **Berens and McAlpine** report the effects of an open-arc lamp on the eyes of two brothers, who had three 15 minute exposures within 48 hours. After this, vision was reduced to hand movements and the visual fields to a temporal crescent in each eye. There was gradual recovery of the visual acuity and visual fields in the course of 11 days. It is probable that the temporary amblyopia in these patients was caused by the thermal effects of the carbon arc lamp on the retina.

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- (4) **Gibson, G. G. (Philadelphia). — Trans-scleral lacrimal-canalculus transplants.** *Amer. Jl. Ophthalm.*, Vol. XXVII, p. 258, 1944.

(4) **Gibson** describes his technical trials in attempting to create an epithelial-lined channel between the anterior chamber and the subconjunctival tissues by implanting a piece of lacrimal canaliculus in a scleral incision. He tried to maintain the lumen by leaving in it strands of catgut knotted at each end. In experimental dogs a number of mishaps occurred. In some the canaliculus implant was permeable for a time. The operation was tried on a patient with advanced glaucoma. Intra-ocular infection occurred at the site of the catgut knot projecting from the end of the canaliculus in the anterior chamber. This subsided after treatment with sulphathiazole and intravenous typhoid vaccine but the canaliculus became occluded later. It is evident that this operation in its present form is unlikely to be successful.

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