The Consultant's panel selected by the Ministry of Labour has been twice convened by the Ministry.

The Council of the Royal College of Surgeons have elected Mr. George Black as co-opted member of their Council to represent Ophthalmology.

The Council has prepared a memorandum upon a post-war National Ophthalmic Service, which is available for the use of the Council of the Faculty when required.

The Council produced a memorandum upon Post-graduate Teaching and Research which was widely circulated, and has received favourable comment from the recipient bodies.

A sub-committee has been elected and is now considering the question of the definition of industrial and educational blindness.

The Council has sponsored the inauguration of a Faculty of Ophthalmologists, as announced in the press. The response has been good, and there are up to date some 220 members and associates. The Council has been elected by ballot, and met on Thursday, April 12, for the first time. The Council of British Ophthalmologists has handed over its records to the new Council.

As in the past, the expenses of the Council have been met by contributions from its members. In this connection, the Council of the Faculty will be asked to consider the desirability of re-imburse the members for expenses incurred in connection with the Faculty.

ABSTRACTS

I.—MUSCLES


Guibor describes an operation for recession of the inferior oblique muscle. A vertical incision 8 mm. long is made through the conjunctiva 3 mm. from the outer canthus over the external rectus muscle. The external rectus is divided behind its insertion. The inferior oblique is freed from its attachments to the external rectus and inferior rectus. Recession stitches are inserted in the muscle belly midway between its origin and insertion. Illustrations show both ends of the divided muscle sutured to the sclera at the appropriate site for recession; a space on the sclera separating the ends.

H. B. STALLARD.
ORTHOPTICS AND REFRACTION

II.—ORTHOPTICS AND REFRACTION


Lancaster comments that orthoptics is not exercising of the ocular muscles, nor is it primarily designed to straighten the eyes. It is the education of a patient to use both eyes together for comfortable binocular vision. The emphasis in such training is the skill in the use of unskilled neuro-muscular co-ordination. No amount of work or orthoptic equipment is of any value to the patient unless both eyes are fixating on the maculae.

It is necessary to recognise when a patient has achieved all that may be reasonably demanded of him and not to keep him working at tedious tasks beyond his ability.

H. B. STALLARD.


Linksz in discussing his belief in the value of orthoptics makes a plea for the functional approach to habit. He describes the technique of examination and treatment. He also explains that the scepticism of Chavasse and others about the value of orthoptics is based on their anatomical conception of “conditioned” visual reflexes passing down definite pathways.

H. B. STALLARD.


Burian and Ogle made a study of a case of increasing unilateral myopia due to nuclear sclerosis of the lens to show that refractive anisometropia is accompanied by aniseikonia. This case was contrasted with one having a similar degree of anisometropia not due to unilateral nuclear sclerosis. No significant image-size difference was measured in the latter and the clinical evidence tended to show the myopia to be axial in nature. Thus it seems that no *a priori* conclusions can be made as to the aniseikonia present in any given case of anisometropia.

H. B. STALLARD.


Beach applies the term anisocycloplegia to a caprice of cycloplegia in which one eye is affected by the cycloplegic drug to a considerably greater extent than the other eye. Different methods
of administration of the drug do not appreciably or consistently alter the situation. It is revealed by tests for depth of cycloplegia and by comparison with results of non-cycloplegic procedures.

H. B. STALLARD.

III.—MISCELLANEOUS


Green describes the case of a young woman who developed bilateral iritis and vascular keratitis. Agglutination tests for Brucella abortus and Brucella Melitensis were negative. Clinically, the condition was regarded at first as tuberculous. Tuberculin therapy, typhoid-paratyphoid, heat therapy, blood transfusions, neo-arphenamine, gold treatment, U.V.L. baths, sulphanilamide, thyroid and riboflavin; and locally mydriatics, miotics, short-wave diathermy and radium (β radiations) all failed to improve the condition.

A presumptive diagnosis of brucellosis was made, and a course of Foshay vaccine led to remarkable clearing of both corneae and great diminution in vascularization. Optical iridectomy and cyclodialysis of the right eye reduced the tension and greatly improved vision. The left vision did not improve after operative intervention.

H. B. STALLARD,

**BOOK NOTICES**


In a paper to the "Illuminating Engineer" in 1934, Mr. A. W. Beutell suggested that if the relationship could be ascertained between the characteristics for satisfactory visibility—e.g., size, contrast, brightness—then the illumination suitable for the performance of any task should be capable of computation. In 1935 Mr. H. C. Weston published a report on the relationship between illumination and size. In the present report he deals with the relationship between illumination and contrast of brightness. It has been submitted to the consideration of the Physiological Committee of the Illuminating Engineering Society.

Contrast of two brightnesses (B1, B2) can be expressed by difference (B1—B2), ratio (B1/B2), or ratio of (B1—B2) to B1; and