each eye. V. = 6/6 in both with glasses. The patient returned on Monday, May 6, complaining that she had severe pain and loss of sight in the right eye since Saturday. She presented all the symptoms of congestive glaucoma—dilated immobile pupil, very shallow anterior chamber, and steamy cornea; tension 45 mm. of Hg with Schiotz' tonometer. V. = light perception. Fundus could not be seen. After repeated instillations of eserin the pupil was distinctly contracted and, as the patient would not consent to an immediate operation, more eserin was given for home use.

Wednesday, May 8. Eye quieter. T. = 30 mm. of Hg. V. = fingers at a foot. Iridectomy was performed the same day. Tension remained subnormal for two days then rose again and was 25 mm. of Hg on May 12. As it did not diminish under eserin, Elliot's operation of sclero-corneal trephining was done on May 15 with satisfactory and so far permanent result. Tension was 15 mm. of Hg on the tenth day after the operation and has remained normal ever since. V. = 6/36. With glasses +2.5D. sphere V. = 6/18. Refraction of the eye has been increased by 2 dioptres (26-6-18).

The chief points of interest in this case are:

(1) Onset of congestive glaucoma after use of homatropin, in spite of the fact that eserin had been used to counteract its effect, thus showing that homatropin had continued to act after the effect of eserin had passed away.

(2) Failure of iridectomy to relieve hypertension. This may be due to faulty technique, but the writer has since found Elliot's operation easier, no way more painful, and more satisfactory than iridectomy in cases of congestive glaucoma.

(3) Increase of refraction due to permanent stretching of the zonula and pushing forward of the lens. Refraction was still the same in December as it was on June 26, 1918.

ANNUAL CONGRESS OF THE OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

The Sixth Annual Congress of the Ophthalmological Society of the United Kingdom was held under the Presidency of Mr. J. B. Story on Thursday, Friday, and Saturday, May 1, 2, 3, 1919.

The Congress was largely attended and was very successful, many papers of unusual interest being communicated.

The President opened the Congress, on May 1st, at the Royal Society of Medicine, and welcomed the members and visitors with a few well-chosen words. Sir Anderson Critchett, Bt., K.C.V.O.,
thanked the President for his address, and recalled the happy meetings held by the Society under the last president to come from the “Emerald Isle,” Sir Henry Swany, and expressed in a most felicitous speech the pleasure which it gave the members to see another representative of Irish ophthalmology in the chair. The morning was devoted entirely to papers, the more important of which were those of Mr. E Treacher Collings on “Abiotrophy of the Retinal Neuro-epithelium, or Retinitis Pigmentosa”; of Lieut.-Col. H. Herbert, on “The Future Glaucoma Operation”; of Mr. R. R. Cruise, on “Contracted Sockets”; and of Mr. W. Sinclair, on “The Eye Complications in Cerebro-Spinal Meningitis.”

Mr. Collins’s paper produced some discussion; it was a careful piece of work, and submitted several facts in support of the theory that retinitis pigmentosa may be of the nature of an abiotrophy of the neuro-epithelium. One gathered from the discussion that several facts against this hypothesis could be adduced.

In connection with Mr. Cruise’s paper on contracted sockets Mr. Charles Higgens brought up a selection of cases in which the present results appeared to be very good.

In the afternoon an important discussion on the “Visual requirements of Aviators” was held in Professor Spearman’s laboratory at University College. This was opened on the physical side by Professor Spearman, who, in an excellent paper, discussed the question of binocular vision. Mr. A. R. Brailey dealt with the clinical side of the question in a most capable manner, and the discussion was continued by Major E. C. Clements (who spoke of the value of periodic rest and fusion training in cases of flying men who are strained, either through prolonged overwork, crashes, or other causes), by Col. W. T. Lister, Col. J. Herbert Parsons, Mr. E. Clarke, Capt. R. R. Cruise, and, finally, by Col. Martin Flack, who spoke on the co-ordination of ophthalmological work in connection with aviators, with their general physical condition.

At 5.30 p.m., after the usual business meeting had been held, the Bowman lecture was given by Professor Morax. The distinguished French ophthalmic surgeon took as his subject plastic operations on the orbital region, including reflection of the orbital cavity, eyebrows, and eyelids, and gave a most illuminating account, illustrated by diagrams, of the various methods of procedure, repair by pedicled flaps, dermo-epidermic grafts, socket moulds, etc. It will be remembered that one of the discussions at the last Congress in 1918, dealt largely with the same subject. In spite of this, interest in Professor Morax’s paper never flagged, and at its conclusion, a very hearty vote of thanks was proposed by Sir George Berry, and seconded by Mr. J. B. Lawford.

In the evening a largely attended and very pleasant dinner was
held at the Welbeck Palace Hotel, at which the principal guests were Prof. Morax, General Sir E. Barrow, G.C.B., Sir Havelock Charles, G.C.V.O., Mr. Thompson, Mr. Trotter (President of the Illuminating Engineers Society), Prof. Spearman, and Dr. Kerr.

The proceedings on Friday were opened by a visit to the Day School for the Blind, at Brecknock Road, and to the Myopia School, Exmouth Street. The members were shown the working at each School by Mr. Bishop Harman and at 11.30 a.m., a discussion was opened at the Royal Society of Medicine, on “Eyesight in connection with Education.” The openers were Dr. James Kerr, of the Public Health Department of the L.C.C., and Mr. Bishop Harman. The former, in a paper, showed by diagrams many interesting points in connection with statistics of the vision of school children, from the time they enter Standard IV, to the time of leaving, and brought forward the fact that at the present time, as a rule, the ocular examination of infants is not insisted on. The discussion was continued by Messrs. Harrison Butler, E. Clarke, P. J. Hay, A. L. Whitehead, and others, and a strong plea was urged in favour of the minimal age for entering school being raised from 4 to 6 years.

In the afternoon a visit to the Wellcome Historical Medical Museum had been arranged; this was largely attended. The members were welcomed by Colonel Andrew Balfour on behalf of Mr. Wellcome, and the party was shown over the museum by the curator, Mr. Thompson, who had been at great trouble to have a large exhibition of ophthalmic instruments, books, spectacles, oculists’ stamps, and other matters of ophthalmological interest arranged in the Hall of Statuary, and to whom the thanks of members of the Society are specially due, for a very interesting and informing afternoon.

On Friday evening some very important papers were read at the Royal Society of Medicine. Messrs. E. T. Collins and L. Paton described the clinical history and pathological appearances of a case of angioma of the choroid. This is an excessively rare condition, never before diagnosed ophthalmoscopically in England, and the pathological reports in this country of previously recorded cases number, so far as is known, only two.

Col. W. T. Lister and Captain M. L. Hine read a most important paper on Evulsion of the Optic Nerve, illustrated by a beautiful coloured picture and several microphotographs.

Mr. E. Clarke read a paper on Presbyopia; Mr. Erskine Henderson showed the drawings of the fundus in a case of bilateral choroiditis in a young child. Messrs. Arnold Lawson and Sidney Russ, D.Sc., described a method of applying radium emanation in diseases of the eye.

On Saturday morning the Clinical Meeting was held at the
Central London Ophthalmic Hospital. The cases were rather fewer than has usually been the case at past Congresses, but their quality was excellent, and members who were present had the pleasure of seeing the method of using the diplopia screen, the only specimen of its kind in London, demonstrated by Professor Morax.

During the Congress a museum was held in the Bowman Library at the Royal Society of Medicine, the chief features of which were the very beautiful paintings of the fundus exhibited by Captain W. Wallace, and as a contrast, a selection of the early atlases of fundus pictures, on which Captain Wallace is an authority.

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**ANNOTATIONS**

**The Teaching and Examination of Medical Students in Ophthalmology**

The April number of this Journal contained a report on the teaching and examination of medical students in ophthalmology, drawn up by the Council of British Ophthalmologists. It was indeed time that this important matter was fully considered, and strong and urgent representations made to the General Medical Council, which ought, undoubtedly, to frame regulations, insisting that all examining bodies should require definite evidence of the receipt of instruction in the very, and ever increasingly, important branch of medical science, viz., ophthalmology. The General Medical Council up to the present has taken quite a weak stand in regard to it, for when it last reported on the subject, in 1910, "It did not think it necessary to insist that every student should be examined in ophthalmology," but was of the opinion "that all students should be liable to be examined in some branch of the subject." It goes without saying that a serious condition still exists, in that a fairly large proportion of students receive a qualification to practise without sufficient knowledge to enable them to distinguish serious from trivial forms of eye diseases, to interpret formulae of refractive errors and visual acuities, or to recognize those ocular signs which so frequently are the first warnings of serious changes in the circulatory, urinary, and nervous systems.

It appears from the report of the Council of British Ophthalmologists, already referred to, that existing regulations in the United Kingdom are decidedly behind those in force in other countries, where apparently they do not cause overweighting of the student's curriculum. The recommendations, viz.:

1. No student shall be admitted to the final examination, qualifying to practise medicine, unless he has attended an