We do not think that our own pages ever stimulate a tearful response but there may be occasions where words have been misspelt or punctuation marks omitted when we provide the careful reader with a source for laughter.

In reading to oneself the brain not only sees the words, but must receive a kind of subconscious apprehension of what the passage will sound like if articulated in order to get the sense of the sentence. Visual, aural and mental processes must partake in some way to raise an emotional response of either kind. We confess that these waters are too deep for us to sail on, but some idea of what we intend is found in one of Charles Lamb's letters to Bernard Barton, the Quaker poet. "I can hardly read a book, for I miss the small soft voice which the idea of articulated words raises (almost imperceptibly to you) in a silent reader. I seem too deaf to see what I read. But with a touch or two of returning zephyr my head will melt."

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM

THE 68th Annual Congress of the Ophthalmological Society of the United Kingdom was held on April 8, 9 and 10, at the Royal Society of Medicine, London. Over 200 members and many distinguished continental visitors, including the following, were present:-Professor Marc Amsler, Professor J. W. Nordenson, Professor H. Ehlers, Professor J. van der Hoeve, Dr. E. Pflueger, Professor E. Velter, Professor H. J. M. Weve, Professor A. Franceschetti, Professor Applemans, Professor W. H. Melanowski, Dr. H. Sjogren, Dr. T. L. Thomassen, Dr. A. C. Copper.

After a short opening speech by the President, Dr. A. J. Ballantyne, the topic for the morning's discussion, "Subjective Disorders of Vision (excluding those due to local ocular disease)," was introduced by Professor H. Cohen in a communication that was interesting, well-balanced, and beautifully delivered, followed by Dr. Denis Williams, who contributed also some original and important observations on the nature of "macular sparing" that showed an enviable mastery of the more recondite methods of perimetry; and by Mr. I. H. Doggart who continued ably and agreeably on this interesting The discussion that followed could not maintain the high level of excellence that marked the opening speeches. of observations, interesting and sometimes entertaining, were offered.

The Bowman Lecture was delivered this year by Professor Marc The subject chosen was "New Clinical Aspects of the Amsler. Vegetative Eye," a clear and impressive thesis on the clinical and

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scientific value of biochemical and biophysical micro-analysis of the aqueous fluid. These were beautifully illustrated by a film. Evidence was also given of the blood aqueous barrier, by the delay in appearance there of systemic fluorescein on slit-lamp microscopy, in chronic glaucoma, uveitis and systemic affections. The bearing of this in assessment of disease was illustrated.

The following papers were read during the Congress and covered a wide field:

"Ocular Palsies due to infection of the Nasal Sinuses" by Helen Dimsdale and D. G. Phillips; emphasising with case histories the frequency of sinusitis as a cause of ophthalmoplegia, either coincidently by toxic effect, due to direct pressure of chronic sphenoiditis

or due to periostitis of the superior orbital fissure.

"A Preliminary Survey of Forty-five Consecutive Cases of Congestive Glaucoma" by J. P. F. Lloyd; concluding, inter-alia, that acute glaucoma does not often cause as acute symptoms as those classically described; that those cases with gross visual loss may well have a thrombotic factor; that recurrences are rare although gonioscopy shows obliteration of the angle of the anterior chamber after iridectomy; stressing the inadvisability of using eserine after trephines, and the fundamental difference between acute and chronic glaucoma.

"The Conjunctival Naevus and the Neurogenic Theory of Melanomata" by Eugene Wolff; discountenancing the neurogenic

theory of their origin.

"Pictorial Demonstrations of Spasm of the Central Retinal Artery, Entoptic View of Retinal Vascularization, Hypophysial Tumour Causing Homonymous Hemianopia and III Nerve Paralysis, and Depigmentation of Iris in Chronic Glaucoma" by H. M. Traquair, In discussing these, E. Kraupa described how it was possible to see 2 or 3 vascular entoptic shadows, using 2 or 3 lights, and M. W. Paterson showed drawings of entoptic vessels that suggested a vascular raphe to the nasal side of the central avascular area.

"The Venous Pressure in Glaucomatous Eyes" by T. L. Thomassen. By ocular tonometry and manometry of the episcleral veins, venous pressure was shown to anticipate a rise or fall of intra-ocular pressure, the outflow of aqueous in aqueous veins being observed to be hampered as pressures are increasing and vice versa.

"Some Observations on Clinical Perimetry" by G. I. Scott.

"Cases of Subconjunctival Rupture of Globe by a Cow's Horn, and Arterio-venous Aneurysm" by G. T. W. Cashell, the former showing remarkable recovery of a disorganised eye with an avulsed iris, and contrasting with a case at the clinical demonstration of total iridectomy effected by a jackdaw. Two cases similar to the latter were demonstrated by A. Franceschetti.

"Papilloedema in Association with Toxic Hydrocephalus" by A. G. Cross. Follow-up of 32 cases showed only one case of optic atrophy and four of arcuate extension of the blind spot, and confirmed the inadvisability of early decompression.

"Latent Nystagmus" by T. Keith Lyle; six case histories of this condition in association with concomitant squint, emphasising the importance of binocular vision testing, and the undesirability of

occlusion in such cases. A film was shown.

"The Classification of the Unassociated Dystrophies of the

Fundus" by Professor Arnold Sorsby.

"Pictorial Demonstration of Pressure Grafting in the Contracted Socket with plunger anchored to a dental cap-splint, Epibulbar Dermoid, and Gummatous Ulceration of the Eyelids" by J. Ellison.

"Prognosis in Detachment of the Retina" by C. Dee Shapland,

analysis of 155 cases.

"The Mode of Development of the Vascular System of the Retina with Some Observations on its Significance for Certain Retinal Diseases" by I. C. Michaelson. Retinal vessels originate by budding from other vessels, the capillaries from veins not arteries; hence in diabetes the veins and capillaries are principally affected, in hypertension, the arteries.

"Atropine in the Treatment of Glaucomatous Iridocyclitis" by

Professor W. H. Melanowski. Six cases were discussed.

"Auto-Eversion of the Upper Lids" by W. C. Souter, film with anatomical discussion, an agreeably light note for the conclusion of

the Congress.

A Joint Clinical Meeting was held in association with the Ophthalmological Section of the Royal Society of Medicine at the new Institute of Ophthalmology, and cases of interest were shown by Dr. Mary Cripps, Mr. A. G. Cross, Mr. A. C. L. Houlton, Mr. E. F. King, Mr. T. Keith Lyle, Mr. S. Philps, Mr. H. Ridley and Mr. P. Trevor-Roper.

A Trade Exhibition of ophthalmic instruments was also held

during the Congress.

The Annual Dinner of the Society was held at the Royal College of Surgeons by kind invitation of the President and Council of the College. Professor Henry Cohen proposed the toast of the Society with polished urbanity, and the President replied. Mr. C. B. Goulden then welcomed the guests, who included Sir Alfred Webb-Johnson, Air Vice-Marshal P. C. Livingston, Sir Wilson Jameson, Sir Stewart Duke-Elder, Dr. A. F. MacCallan, Mr. F. A. Williamson-Noble, Professor Henry Cohen, Dr. Denis Williams, Mr. Frank W. Law, Mr. A. H. Levy, Mr. D. G. Phillips, Dr. Helen Dimsdale, and the foreign visitors already mentioned. Air Vice-Marshal P. C. Livingston, the Director-General of the R.A.F. Medical Service replied. Dr. H. M. Traquair toasted the President, and Sir Alfred Webb-Johnson closed the evening with an anecdote.