Some cases were operated on, and it was found that the growth is not encapsuled, but gradually merges into the surrounding tissue. It is intimately blended with the conjunctiva, so that the latter cannot be stripped or dissected off it. The growth often extends backwards by the side of the eyeball into the orbit. In late cases it involves the tissue of the lids. The texture of the tumour tissue is for the most part firm but friable. In the palpebral region it is harder, almost cartilaginous. In no case could one feel reasonably sure of having removed all the diseased tissue. After operation the lids cicatrize, become indurated, and adhere to the globe. Recurrence occurs later, the lid becomes thicker and further infiltrated by the growth. Finally, if the cornea is no longer protected by the lid, it of course becomes dull and lustreless.

Under the microscope, sections of the tumour show that the bulk of the growth is composed of round cells (lymphocytes) which are infiltrating the normal tissues. They involve the deep surface of the conjunctiva; the cells in the centre of the tumour show no sign of breaking down. The periphery of the tumour is rather vascular, while the vessels in the centre of the growth have thickened walls. Up to the present no organisms or parasites have been discovered in the tissue, but one suspects that such may be found ultimately as the cause of these growths, which seem to be a form of local granuloma.

The writer wishes to thank Dr. H. Byles, Dr. J. Cormack, Dr. T. Gillison and Dr. A. Skinner (who kindly allowed him to see cases under their care), and would be glad to hear from others who have seen similar patients.

ANNOTATIONS

General Medical Council

It will be remembered that the General Medical Council rejected the recommendations of the Council of the British Ophthalmologists with regard to the undergraduate curriculum and examinations. Our contemporary, the *Medical Press and Circular* (Dec. 10, 1919), points out that the Council appears now to have "been roused to recognize some part of their duty in the matter... It is true in their belief that the present regulation in force as to the demand for a certificate in ophthalmology for the qualifying examination sufficiently meets the exigencies of the case; but in this connection the most important fact remains ignored—namely that the examination in eye diseases of a student by a general surgeon cannot be regarded as an examination in ophthalmology. Nevertheless, it is satisfactory to
note that the Council have recognized the necessity of obtaining from all the licensing corporations a return showing the regulations in force as to the teaching of ophthalmology, and this mandate is in process of being complied with. That is something to the good, but it does not go far enough. The suggestion may be made that if the Council were to approve of a regulation requiring every examining Board to include in its constitution one ophthalmic surgeon, it is certain that the speeding up of ophthalmological teaching in this country would immediately follow. A student's study of a subject is largely dependent upon his examinational interest in it. He is naturally disposed to shirk anything upon which an examinational knowledge is not directly insisted. Ophthalmology is one of these subjects; a perfunctory compliance with the General Medical Council's regulation, by which a certificate for attendance is granted, may only endow him with a distinguishable negligent knowledge of diseases of the eye, and yet, despite this, he is able to obtain his qualification to practise. Having regard to the importance of ophthalmology as a special branch of medicine, the ophthalmologists are making a just claim for its examinational recognition.

British Ophthalmology

It is impossible to over estimate, at the present moment, the importance of re-organizing on a broad basis the Schools of Ophthalmology in the British Isles. Never has there been such an opportunity as that now offered, both in scope and promise of improving our speciality, if all British ophthalmic surgeons—realizing the necessity for reconstruction—will throw themselves whole-heartedly into working out a thorough scheme with zeal and energy.

We should ensure, first, that the new generation of surgeons shall be fully trained, and, secondly, that treatment both preventive and curative for hospital and private patients shall be more fully organized.

The admirable report of the Council of British Ophthalmologists, published in the last number of this Journal, should give great impetus to the teaching of ophthalmology all over the British Isles. The need of some recognized diploma or degree in ophthalmology, which must be obtained by a surgeon before he is admitted as a candidate for any important ophthalmic post, has long been felt.

In the past most of the leading medical schools and special hospitals have required merely that candidates for ophthalmic posts shall be Fellows of the Royal College of Surgeons of England, and have insisted upon no guarantee that such candidates have been