If that person sits at the back of the hall he suffers very little or not at all. In this position the screen conditions are much lessened and the screen is seen through some depth of diffused light.

Many people suffer discomfort during a lantern lecture. In this case there is no movement of the picture, but there is the uneven illumination of the fundus, a bright central image, a dark periphery and dark adaptation. Theatre headaches are recognised and here the lighting conditions are somewhat the same.

(6) The absence of natural colours in a photograph renders the identification of objects more difficult and increases the necessity for fixation and attention.

(7) The last point is individual susceptibility. The great mass of people do not suffer any discomfort, some suffer slightly and only a few acutely. One can only suggest as an explanation of this that some nervous systems are more sensitive than others.

Conclusions.—The locality of the discomfort is in the retina. In dark adaptation the retina is more sensitive to dim lights, more sensitive in every way probably, resenting coarse flashes of light, ill-defined and uncertain images. Dark adaptation seems to be one of the objectionable conditions. Could the necessity for this be diminished by raising the standard of light on the screen and in the hall? Brilliant illumination of the hall during the intervals is desirable. The pictures should be as steady as possible. Dissolving pictures should be abolished and so should printing over a landscape. Objects in rapid motion are irritating. Equality of lighting on the screen is desirable, i.e., avoiding strong lighting of white objects. Possibly dim lights placed beyond the screen to illuminate the periphery might be of service. I fancy the lowering of a green curtain during the intervals might be soothing, in so far as it would be a change from the monotony of black and white.

Does cinematograph irritation produce defective vision, or injure the eyes to the extent of producing disease? Frequently repeated irritation might produce some disease or simply defective vision, but I have never seen any that I thought had been so produced. Defective vision unassociated with error of refraction or eye disease, especially among scholars, was recognized before the cinematograph was introduced or before it came into general use.

ANNOTATIONS

International Congress of Ophthalmology

Six years have passed since the International Congress of Ophthalmology at Petrograd was postponed. Our brethren of the
United States have now taken definite action to remedy this state of affairs. The American Ophthalmological Society, the American Academy of Ophthalmology and Oto-Laryngology, and the Section of Ophthalmology of the American Medical Association, some time ago appointed committees to consider the question, and it has been decided to hold a meeting in Washington about the end of April, 1922. Application for membership in the Congress, with the fee of ten dollars, should be sent to Dr. W. R. Parker, David Whitney Building, Detroit, Michigan, and it may be noted that it is proposed to remit the dues from those outside America who make the journey to attend the Congress. Topics for discussion, offers of papers, and suggestions should be sent to Dr. Edward Jackson, 318, Majestic Building, Denver, Colorado. The officials of the Congress include Dr. E. C. Ellett, chairman of Committee on Organization, of Memphis, Tenn., Dr. William H. Wilmer, of Washington, D.C., chairman of the Committee of Arrangements, and Dr. Lee Masten Francis, of Buffalo, chairman of the Committee on Finance. We wish the meeting every success. At this juncture the American action is opportune and to be welcomed. It is to be hoped, however, that when circumstances permit, the Congress will fall into series with former International Congresses, and be conducted by a committee upon which all eligible nations are represented.

Departmental Committee on Blindness

Readers will be glad to learn that a committee has been appointed by the Minister of Health to investigate and report upon the causes of blindness, as well as of defective sight adequate to impair economic efficiency, and to suggest measures for prevention. The following have been asked to serve: Right Hon. G. H. Roberts, M.P. (chairman); Mr. Stephen Walsh, M.P.; Mr. N. Bishop Harman; Mr. J. B. Lawford; Mr. G. F. Mowatt; Mrs. Wilton Phipps; Mr. J. Herbert Parsons (representing the Royal College of Surgeons); Dr. James Taylor (representing the Royal College of Physicians); Mr. J. C. Bridge (representing the Home Office); Dr. A. Eichholz (representing the Board of Education); Mr. J. S. Nicholson (representing the Ministry of Labour), Mr. W. M. Stone (representing the Scottish Office); and Mr. E. D. Macgregor (representing the Ministry of Health). A representative of the Medical Research Council will be appointed later. Joint Secretaries: Dr. R. A. Farrar and Mr. P. N. R. Butcher, Ministry of Health, Whitehall, London, S.W. 1. From most points of view the Committee is sufficiently representative, and will doubtless accomplish excellent work. It is, however, open