works. To this view a suggestive communication by Messrs. M. S. Mayou and H. Neame dealing with the "late effects of tar poisoning on fish," to be found in another column, furnishes interesting evidence. From a certain Hampshire trout stream, the waters of which had been contaminated from tar used upon the road, fish were taken out in large numbers, dead, dying, and blind. Tar obtained from the road was used for experiments upon fish in ponds, and it was found that the phenol constituents of the tar caused the same effect upon the fish in the pond as upon the fish in the stream. Messrs. Mayou and Neame give a description of the eyes, microscopic and otherwise, of a semi-blinded trout removed from the stream. The question of tar pollution and its effects upon fish is at the present moment under consideration of a joint committee appointed by the Board of Agriculture and Fisheries and the Ministry of Transport. While the foregoing theory has held the field until recently, an attempt has now been made to replace it by another, namely, the multiplication in the streams of pike. A sort of drive was organized over certain reaches of the River Lea, and a surprising number of pike bolted from the weeds. It is possible, then, that this factor, together with the neglect of the rivers which has been general since the war, is a cause of the disappearance of the trout. The statement was made only the other day, however, by a responsible writer in the public Press that "trout have practically disappeared from many a stream where pike do not exist." The writer offered to give instances. But the theory of poisoning by coal-tar effluents (for which there is some good evidence) cannot be dismissed lightly. The presence of pike would doubtless account for the disappearance of trout, but could scarcely be held responsible for the blinding of those fish.

A New Ophthalmological Society

The inaugural meeting of the South-Western Ophthalmological Society was held on October 22nd last at the Bristol Eye Hospital. The new Society, of which it is hoped to hold about three meetings a year, already numbers fifty members. It is intended to meet the convenience of the south-western area of England, including Wales, a district that embraces several large towns, notably Bristol, Bath, Cardiff, Plymouth, Cheltenham, and Newport. The first meeting was attended by some thirty members, or three-fifths of the whole, a sign of the excellent spirit that actuates the new-comers, and we trust may continue to do so. About thirty cases were shown and discussed. After lunch at the Grand Hotel, a business meeting was held, when Mr. Richardson Cross was elected president, Messrs. A. C. Roper and R. J. Coulter vice-presidents,
Mr. E. H. E. Stack secretary and treasurer, and the following members of committee; H. H. Du Boulay (Weymouth), J. Burdon-Cooper (Bath), C. E. S. Fleming (Bradford-on-Avon), A. W. Prichard (Bristol), D. Leighton Davies (Cardiff), and R. Jaques (Plymouth). A discussion, which excited animated controversy, upon "The causes of Iritis," was opened by Mr. A. C. Roper. In the afternoon Mr. Richardson Cross, in summing up the objects of the Society, pointed out the necessity of keeping the discussions upon broad lines, so as to be of interest not only to the ophthalmic surgeon but also to physicians and general practitioners, of whom a number were present at the meeting.

AUSTRALASIAN MEDICAL CONGRESS, 1920.

Section of Ophthalmology.

At the Australasian Medical Congress held in Brisbane, Australia, in August, 1920, very useful work was done in the section of ophthalmology. The presidential address was delivered by Dr. A. L. Kenny, who dealt with the repeated attempts made by opticians to secure legal registration as sight testers. The section would assist the opticians in any efforts made to secure a better education in their craft, but refused to have anything to do with the legal recognition of sight-testing on the part of people who had not received a medical education. The decision was endorsed by Congress as a whole.

An interesting discussion on iritis was opened by Dr. Halliday, of Sydney, who gave a judicial summary of the present attitude.

Sir James Barrett agreed with Dr. Lindo Ferguson's classification of iritis so far as causation was concerned. He thought that approximately a third of the cases was syphilitic in origin and that about half the cases corresponded to a clinical type usually called rheumatic. There was no evidence that these cases had anything to do with rheumatism but there was abundant evidence that they were powerfully influenced by the exhibition of salicylates. He thought it desirable to retain the term rheumatoid iritis because everyone knew what it meant. Of the remaining cases a number might be due to septic foci, pyorrhoea and the like, but he must confess to a sceptical attitude; tens of thousands of people had septic foci and did not get iritis.

Dr. Lockhart Gibson said that he had always found by far the majority of iritis cases to be either what he still calls rheumatic, or syphilitic. He was not wedded to the term rheumatic except for expressing a variety of iritis which he expects to get well if treated in the acute stage with treatment supposed to be specific for acute rheumatism. He had always put such cases in bed, and given them 20