considerably (Roemer states that the lens contains 35 per cent. of solids).

(3) That cataracts in Indians are on the average lower in weight and greater in volume than in Europeans in spite of the heavier physique of the latter.

(4) That cataract in the Indian shows a steady increase in weight and volume as it ripens and passes on into over-ripeness. How cataractous compare with clear lenses in Indians there are no figures to show. In Europeans, Mr. Priestley Smith's statistics prove cataractous to be lighter and of smaller bulk than clear lenses.

ANNOTATIONS

Ophthalmic Physicians

A paper was read recently before the Section of Ophthalmology of the Royal Society of Medicine* by Dr. Rayner Batten, in support of his proposal for the appointment of ophthalmic physicians on the staffs of hospitals, to co-operate with ophthalmic surgeons in the care of patients whose ailments are more medical than surgical. No one will dispute Dr. Batten's contention that a considerable proportion of the cases which come under ophthalmic surgeons, both in hospital and private practice, are in need of the advice of a physician rather than that of a surgeon; nor will he deny that while the average ophthalmic surgeon does not possess the requisite medical knowledge to deal with all such cases, the physician to whom he refers the patient not infrequently fails to fill the gap satisfactorily. Indeed, considered as a plea for greater efficiency in dealing with cases whose ocular lesions have a purely medical basis, Dr. Batten's paper will meet with general approval.

Although the writer disclaimed any such intention, there is a real danger that his proposals, if adopted, would lead to the development of two types of practitioners in one special branch of medicine, a contingency greatly to be deprecated. This obvious objection was prominent in the discussion at the Section of Ophthalmology, but it is notable that of the speakers who disagreed with the reader of the paper and his seconder, and who were alive to the inefficiency of existing methods, no one ventured on any constructive criticism, or made any alternative proposals.

That our present arrangements are not ideal, and do not ensure the best possible treatment of ophthalmic medical cases, is indisputable: it is probable, however, that Dr. Batten's paper and

* *Lancet*, November 29 and December 13, 1919.

arguments are based upon experience at ophthalmic hospitals. In a well-equipped general hospital, where a patient, referred by the ophthalmic surgeon, is admitted to a medical ward, and subjected to examination, often painfully thorough, by the physician and by the staff of the clinical, chemical, and bacteriological laboratories, there would be no scope for the energies of an ophthalmic physician.

Blindness due to Ophthalmia Neonatorum

The *News Letter*, the official organ of the National Committee for the Prevention of Blindness (New York) has recently (October, 1919) published the statistics of 1918-19 dealing with the admissions to the State Schools for the Blind, and with schools and day classes for the blind in various cities in the United States. The figures are interesting, since those for ophthalmia neonatorum are distinguished from the others. As regards 34 State Schools the total admissions for the two years was 3,537 children, of whom 89 (or 15·7 per cent.) had been blinded by ophthalmia neonatorum. The highest percentage of admissions from ophthalmia was in the Mississippi Institution for the Blind, where it reached the astonishing figure of 85·7 per cent., but then the significance of that figure is much diminished when we find that the total admissions were seven only, of which six were due to the disease in question. Eleven of the institutions had no ophthalmia admissions. Of 56 admissions into 10 schools and classes for the blind in the various cities 16 (or 28·6 per cent.) were admitted on account of the results of ophthalmia. From another table given by our contemporary, showing the number of pupils newly admitted in Schools for the Blind during the past eleven years who were blind from ophthalmia neonatorum, it appears that admissions from ophthalmia ranged from 26·6 per cent. of the admissions in 1907-8 to 14·7 per cent. in 1917-18. The percentage may, broadly speaking, be said to have fallen year by year, a most satisfactory result.

Colour-Matching by "Artificial Daylight"

The correct matching of colours is a problem of great interest, both from the physical and physiological sides, and has been appropriately the subject of study by the Illuminating Engineering Society on several occasions. Assuming that the operator engaged in matching colours has normal colour vision, he in general requires for his work a "white" light, approaching that of the diffused north sky. The ideal natural lighting conditions, however, are