recorded cases of this condition (acute dilatation) have followed either upon some injury or else an operative procedure.

REFERENCES
2. "Among the older writers we find Ficker" (Journal der praktischen Arzneykunde und Wundarzneykunde, 1809, Vol. XI, p. 63), and the Ephemerides giving instances of exophthalmos from vomiting. Fabricius Hildanus Opera omnia, 1646, cent. I, obs. 1) mentions a similar instance. Gould and Pyle, Curiosities and Anomalies of Medicine, 1901, p. 527.
4. Gruening, l.c., p. 694. "Rupture of the Cornea is so exceeding rare, if it occur at all, that it may be left out of consideration." Beaumont, Injuries of the Eyes, 1907, p. 71.

OPHTHALMOLOGICAL SOCIETY CONGRESS, 1920

The Eighth Annual Congress of the Ophthalmological Society of the United Kingdom was held on April 29, 30, and May 1, 1920, under the Chairmanship of the President, Mr. John B. Story, P.R.C.S. Ireland. The morning of the first day was devoted to papers, as is customary. The President gave a short address in which he strongly advocated that before a student's name is placed on the Medical Register as a qualified practitioner, evidence of at least three months' instruction in the eye department must be presented, and the candidate must undergo a practical examination, conducted by two or more ophthalmic surgeons. Mr. C. H. Usher described the eyes of some goldfish with enlarged corneae, and showed the specimens on which his paper was based; as an addendum to this paper, Mr. Treacher Collins dealt with cases of megalocornea and of microcornea. A paper by Dr. John Rowan, entitled, "Are not some cases of glaucoma better treated without operation, and, if so, what are the indications?" produced, as might be expected, a considerable amount of discussion. This is a thorny subject; while the younger school insisted on the value of the tonometer, Mr. Richardson Cross sturdily upheld the "tactus eruditus," the educated finger, and the state of the visual field, while Mr. Treacher Collins spoke of the age and general condition of the patient. Mr. Zorab read notes on his later results of aqueoplasty, and his cases illustrating this operation were on view at the clinical meeting later in the day. The last paper read was one by Mr. Harrison Butler on the subject of post-operative infection in cases of cataract. It was unfortunate that time did not allow of more than a very limited discussion of this practical subject.
Papers by Messrs. Pooley, Goldsmith and Alexander, which were placed on the programme, were taken as read, and will appear in the Transactions. The clinical meeting was held at the Royal London Ophthalmic Hospital during the afternoon; numerous interesting cases were shown, while the Curator of the museum of the Hospital had been at great pains to arrange an exhibition of the treasures of the library and of the museum, notably the original drawings of John Dalrymple's famous "Pathology of the Eye." Sir William Lister showed the really beautiful collection of War injuries of the eye, which is housed at the hospital by permission of the R.A.M.C.

War Museum Authorities, as well as some fine stereoscopic photographs of the specimens.

At 4 p.m. members crowded into the Lecture Theatre to hear Mr. Percy Flemming on the subject of the topography of Moorfields. His paper was illustrated by lantern slides and maps of old London. A punning bard wrote in the previous century, "Moorfields are fields no more"; but Mr. Flemming carried our minds back to Roman London, spoke of the Wall, the Archery Ground, the Tenter Ground, the Windmills, "Old Bedlam close by London Wall," and the perilous pool in which the Blue Coat Boys used to bathe, now evidenced by the modern Peerless Street, in which is the entrance to the Hospital for out-patients. Quotations from the diaries of Pepys and of Evelyn were read. At the conclusion a very hearty vote of thanks was passed to Mr. Flemming for his very interesting address. The author of it has by no means exhausted the store of antiquarian interest of the neighbourhood, and we hope that when next the clinical meeting is held at "Moorfields," he will give us another demonstration on Bunhill Fields, John Wesley, Edward I., the Finsbury Archers, etc., for there is no doubt that such lectures add greatly to the interest of the Congress.

The dinner of the Society was held at the Imperial Restaurant in the evening. The President proposed the toast of the Society, to which responded Mr. Treacher Collins, the past President, and Mr. J. Herbert Fisher, the future President. Mr. Richardson Cross proposed the health of the President, and Mr. Story responded in a speech full of humour and feeling. The toast of the Visitors, Sir Archibald Garrod, General Sir E. G. Barrow, G.C.B., and Surgeon-General Sir R. Havelock Charles, G.C.V.O., was proposed by Mr. J. B. Lawford, and replied to by Sir Archibald Garrod, while the Treasurer of the Society, Mr. Arnold Lawson, gave the health of the Secretaries, who replied.

The morning of the second day was given up to a discussion on Diabetes in relation to Diseases of the Eye, opened by Sir Archibald Garrod and by Mr. Foster Moore. The Regius Professor of Medicine in the University of Oxford dealt principally with the
forms of retinitis met with in the disease, and spoke of the modern "fasting" treatment of the general condition; Mr. Foster Moore spoke on the surgical aspects, and covered the ground admirably, dealing with cataract, retinitis, lipaemia, retro-bulbar neuritis, ophthalmoplegia, and differences in refraction. The discussion was carried on by Drs. Leyton, Cammdig, Poynton, and Hawthorne, from the medical side, while Messrs. Mackay, Adams, Gray Clegg, James, Bardsley, Stack, Harrison Butler, and Burdon-Cooper spoke on the surgical side. We are convinced that those who were present came away with much enlarged views on this subject.

The business meeting of the Society was held in the afternoon. The Report of the Council and the Treasurer's statement were adopted, and it was decided to raise the annual subscription from one guinea to 31s. 6d. from October next, and to inaugurate a reserve fund for illustrating the Transactions. The officers for the Session 1920-1921 were elected as follows: President, Mr. J. Herbert Fisher. Vice-Presidents, Messrs. Story, Treacher Collins, Sym, and Sir William Lister. Treasurer, Mr. Arnold Lawson. Council, Messrs. Kinnier Wilson, Cridland, Gray Clegg, Mayou, A. R. Brailey, and Goulden. Secretaries, Messrs. James and F. A. Juler.

In the evening several important papers were presented. Mr. Traquair described a case of anatomically separate anterior commissure at the chiasma, in an acromegalic with pituitary tumour. He showed slides and the specimen. Dr. Gordon Holmes read a paper on four cases of tumours involving the optic nerves and chiasma. As Dr. James Taylor said in the discussion which followed this paper, Dr. Gordon Holmes's cases had definitely enlarged our knowledge of these cases. Mr. Hine described a case of primary epithelial tumour of the ciliary body and showed slides and pictures of the same. Mr. Ernest Clarke read further notes on the Accommodation of the Eye, and showed two more tables, constructed from his practice, in which his "minimal" line practically coincided with Donders' "mean" line. Mr. Neame read an elaborate paper on retinal cysts, and Mr. Wallace one on a glyptic method of representing certain conditions of the fundus in disease. Time did not permit of reading the paper of Mr. A. W. Stirling on melanoma of the iris, with Mr. Collins's pathological report, but this communication from the United States will also appear in the Transactions.

On the morning of the final day, members visited the St. Margaret Hospital, the special hospital of the Metropolitan Asylums Board for cases of ophthalmia neonatorum. They were shown over the building by Mr. Mayou, and a discussion on the prevention and treatment of the condition was held afterwards. This was opened by the Master of the Rotunda Hospital, Dr. Gibbon Fitzgibbon, and
by Mr. Mayou. Other speakers included Mrs. Scharlieb, Dr. Macrory, Messrs. Sydney Stephenson, Maitland Ramsay, John Wharton, A. L. Whitehead, Thomas Stevenson, Killick, and J. B. Lawford. From the point of view of State welfare, this was a most important piece of work, and we owe a debt of gratitude to those who opened and took part in the discussion. In passing a vote of thanks to the Metropolitan Asylums Board for their permission to visit St. Margaret’s Hospital, the members of the Society expressed the wish to urge on the Board, now that so large a number of cases of ophthalmia neonatorum are assembled together in one institution, that facilities should be afforded at their hospital for the instruction of medical students, midwives, and district nurses in the natural history and treatment of the disease.

The Pathogenesis of Detachment of the Retina

The pathogenesis of spontaneous or so-called idiopathic detachment of the retina has been the subject of many investigations, clinical and pathological. Indeed, if obscurity of causation can be gauged by the amount of literature, detachment of the retina occupies a high position in the scale of undetermined pathogeneses. The most recent observations are contained in an elaborate report presented to the Société française d’Ophtalmologie, last month, by Dr. Gonin (Lausanne), who was the opener of a discussion on the “Pathogenesis and Pathological Anatomy of Retinal Detachment (exclusive of that due to trauma, tumours, and parasites).” The views expressed therein recognize three pathological conditions as the chief causal agents of detachment, but their importance as determining factors is unequal. These three conditions are (1) distension of the globe, such as occurs in myopia and in hydrophthalmia, (2) traction on the retina from within, and (3) subretinal exudation. Distension of the eyeball exerts less influence on the retina itself than on the anatomical relation of the vitreous body to the retina, and on the integrity of the uveal tract; it induces nutritional changes which predispose to detachment, but does not alone give rise to it.

Traction on the retina is the determining factor in the causation of idiopathic detachment; in this process the chief rôle appertains to the vitreous body, but the altered conditions of this structure are themselves due to pathological changes originating in the uveal tract. Spontaneous detachment, therefore, cannot be regarded as a lesion affecting the retina alone, to the exclusion of other ocular