of us has amassed such a wealth of devotion so widely cast as had Davenport; and there was no greater Commonwealth-builder than he.

To his patients he was the perfect doctor, not only taking an infinity of care with each individual but with his kindly and gentle humour tiding them over their illnesses. To him a patient was not a case requiring technical treatment but a human being in trouble, and in no circumstances was he greater than in extending a helping hand when medicine, as it often does, fails to mend the damage of disease or decay. Nowhere was this more required than at St. Dunstan's in his care of those wounded in the war; never was a sympathetic understanding tinctured by common sense more effectively offered. The transition from light to darkness is less easily borne by the young and active than by those whose urgencies have been dimmed by age; and to a whole host of such—and to their families—Davenport was a doctor and remained a counsellor and friend, rehabilitating them into an active if more restricted life.

It is for these qualities that ophthalmology both at home and internationally will miss Robert Davenport; at Moorfields and the Institute of Ophthalmology where he knew and was loved by everybody, the feeling of loss is particularly acute. It is indeed sad that it all finished so abruptly and so soon, leaving him so little time to look back at leisure on a task well done. Our warmest sympathy goes out to his widow—a doctor herself who gave up medicine to help him in his life's work—and to his two sons and his daughter.

KARL LINDNER, 1883–1961

Every reader of this Journal knew—or knew of—Karl Lindner, and particularly to those who have known him and liked him, his death will be a cause of sadness. He was born in 1883 in Vienna, where he studied medicine with a short sojourn at the Sorbonne in Paris. He joined the world-famous clinic of Ernst Fuchs in 1908; in 1916 he became
assistant to Dimmer’s clinic, and in 1924 he himself attained professorial rank, first as a titular professor and 4 years later as a full professor, a post which he held until his retirement in 1953.

In his early professional years Lindner leapt to fame with his bacteriological researches on conjunctival infections, particularly trachoma and inclusion blennorrhoea. The latter disease, to which he gave this name, he traced to an infection from a non-gonococcal urethritis, and he held that it was a “genital trachoma”, a mild form of the disease contracted from the mother of the child. How close to the truth he was in this surmise, which excited much opposition, is only beginning to be recognized to-day. Between 1909 and 1913 he published thirteen papers on this subject for which work he was awarded the von Graefe Prize. In addition to this subject, in which he retained an interest all his life, his research interests were widespread over most of the field of ophthalmology, but when asked what were his favourite contributions he would say that they were his studies on the methods of refraction and on the aetiology of myopia. He was an unusually able surgeon, dexterous, bold, and original, and the new techniques he devised, particularly for severe cases of retinal detachment by chemical cauterization (1930–33) and by shortening the globe (1949), were immense contributions to ophthalmic surgery.

As a friend and colleague Lindner was a delightful person; he was frequently seen at international meetings, and his industry and ability as a teacher at the Vienna clinic brought him in contact with many English-speaking ophthalmologists. Fortunately, in his life-time, his ability was fully recognized, and even after his retirement he maintained the same restless energy that led him to publish 129 major contributions to ophthalmological literature during his professional life. Thus, for 4 years after he left the clinic in Vienna, he became honorary professor first in Cairo, then in Aligarh, then in Tabriz, teaching, operating, and consulting, all this despite the fact that for the last 10 years of his life he suffered from glaucoma of the chronic congestive type. Typically, he diagnosed it himself, followed its course himself, taking his own fields, watching his disc with an auto-ophthalmoscope, and measuring the pressure of his eyes tonometrically with the help of a mirror, and treating it himself—but not by surgery.

As one of the outstanding personalities of this generation who contributed long and richly to his subject, he will be greatly missed.

J. Ringland Anderson, 1894–1961

The death of Ringland Anderson (known as Joe to his many friends) at his home in Melbourne on May 14, 1961, has deprived Australia of a great ophthalmologist and a strong promoter of international friendship. His 66 years of life were packed with hard work, and his family ties, which were exceptionally close, did not prevent him from making first-rate contributions over a wide range of clinical ophthalmology.

Joseph Ringland Anderson was born at Lilydale, Victoria, on October 29, 1894. Like many another son of the manse, he was blessed with more than the average allowance of intelligence and determination. From Scotch College, Melbourne, he proceeded to the University of Melbourne, where he gained the M.B., B.S. degrees in 1916. He then joined the medical branch of the Australian Imperial Forces, and served their 45th Battalion as regimental medical officer, gaining the Military Cross in 1918, and reaching the rank of Captain. From 1919 to 1921 he was mainly engaged with intensive postgraduate preparation for his subsequent career as an ophthalmologist. Having obtained the F.R.C.S. at Edinburgh in 1919, he worked with the late Sir John Parsons and others at Moorfields Eye Hospital, and passed the D.O.M.S. examination in 1921.

After returning to Melbourne, Anderson was soon launched into a full programme of hospital work, and was appointed Ophthalmic Surgeon to the Alfred Hospital in 1923. He also found time to strengthen his qualifications by the F.R.A.C.S. (1930) and the