examiners. The winner of the prize will be at liberty to give a lecture on the subject at the Royal London Ophthalmic Hospital.

It may be confidently anticipated that the new prize will furnish a strong stimulus to original work in ophthalmology, and Mr. and Miss Edmonds may rest assured that their wish in founding the prize, that suffering may be alleviated, will be amply justified.

The Need of Ophthalmic Laboratories and Museums

It is fully recognized in general medicine and surgery that the only satisfactory method of teaching is attained when there is a thorough correlation of the pathological with the clinical aspects of disease.

The keen surgeon or physician will always substantiate or correct his diagnosis, when the opportunity offers, by careful post-mortem examination; and the clinical teacher stimulates his students most who exhibits specimens and microscopic slides to his class in order to show the exact changes in the organs and tissues which have given rise to the signs and symptoms.

For such teaching a well stocked and well arranged museum, together with a good series of typical microscopic sections or microphotographs, is essential. Successful ophthalmic teaching needs a similar equipment in order to make the diagnosis, prognosis, and treatment comprehensible.

How bewildering it is to students, nay, often to general practitioners, to understand why, in certain cases of glaucoma, eserin is curative and atropin is fatal, while in others the exact converse holds. Yet the mystery is dissipated, directly the anatomy of glaucoma is understood. Again, how difficult it is to comprehend the differential diagnosis between the various forms of pseudo-glioma till one understands their pathology. Or why glioma should appear at one time as a detached retina with a white background, and at others as nodding white masses in the vitreous, till one recognises the two forms of glioma exophytum and glioma endophytum. Examples could be indefinitely multiplied.

While in the throes of reorganization let us see to it that means are provided for students to be taught their pathology—both macroscopic and microscopic—that in our clinical instructions the pathological counterparts are adequately correlated. We cannot do this without ophthalmic laboratories and ophthalmic museums.

Many of our ophthalmic museums are incomplete and are often in a neglected state; too often we see the glycerine jelly melted in which the eyes have been mounted, and the valuable specimens degenerating. There is not sufficient accommodation for the display

of specimens mounted in the beautiful formalin method devised by Mr. Priestley Smith, which is the best mode we yet know of.

Again, in many cases there is no adequate description of the specimens by which their special features can be recognized.

There can really be no lack of material considering the number of eyes which are removed every year, and it is deplorable that the waste of valuable specimens should continue.

Owing to a peculiarity in human nature, we are apt to be more interested in people's failures than in their successes. How stimulating and arresting our teaching would be, if, more than occasionally, it told of our failures and the reasons for them! If this were done more frequently it would also lead inevitably to a demonstration of how our mistakes might be overcome. For instance, what a wonderful collection might be made of both macroscopic and microscopic specimens of eyes lost after *trephining* or after *cataract* extractions. What an opportunity there might be—to give but a single instance—of working out the reason and possibly the cure for the unsatisfactory and often hopeless condition of glaucoma following dislocation of the lens.

We have few laboratories where these eye specimens can be prepared. We must have more, and make greater use of those already existing, and appoint ophthalmic pathologists who have special knowledge in the preparation, the cutting, and the investigation of eye specimens.

Pathology is, as we all know, one of the avenues of medical progress. A thorough grounding in pathology, both for teachers and students, would also act as an incentive to original work. The English medical profession is blamed, not without some reason, for the lack of original work it produces. If English ophthalmology is to fill the position we consider it should hold—and never has there been such an opportunity as the present—there is no doubt that our output of original work must be increased.

ABSTRACTS

I.—THE RETINAL CIRCULATION

Bailliart, P. (Paris).—The retinal circulation under normal and pathological conditions. Report to the Ophthalmological Society of Paris, November 9, 1919. *Ann. d'Oculistique*, November, 1919.

In this communication **Bailliart** summarizes his previous researches, and at the same time carries them a stage further. He considers that the retinal circulation provides the ideal