Council, Messrs. Mayou, Brailey, Goulden, R. R. James, Traquair, and Harrison Butler; Secretaries, Messrs. Juler and J. F. Cunningham.

Mr. P. G. Doyne read an able paper on scotometry. He dealt with enlargement of the blind spot and scotomata in cases of chronic glaucoma, high myopia and tobacco amblyopia. Numerous charts were shown and the author is to be congratulated on a laborious and very useful piece of work.

Sir Arnold Lawson and Mr. Neame read the notes of a case of orbital tumour; the pathogenesis of this tumour is not absolutely settled yet, some further staining experiments being necessary; but it seems very likely that the case is one of neuroma of a ciliary nerve, a very rare thing indeed.

Mr. Grimsdale read a paper on the centre of rotation of the eye from the physiologico-anatomical point of view.

Mr. Stack showed a motor trephine, the motive force reminding one of the gyroscopic tops of one's childhood, and Dr. Traquair showed for Dr. Mackay two other forms of motor trephine.

A paper by Mr. Ormond on his method of suction extraction of cataract terminated the proceedings.

During Thursday and Friday the optophone was on view in the Bowman Library.

COUNCIL OF BRITISH OPHTHALMOLOGISTS

Annual Report

The Council of British Ophthalmologists has to report that at the first meeting of the Session 1920-1921, Mr. J. B. Lawford was elected President in place of Sir Anderson Critchett, who filled the office with distinction during the first two years of the Council's work.

Sir George Berry and Mr. E. Treacher Collins were elected Vice-Presidents, Mr. J. Herbert Fisher, Honorary Treasurer, and Mr. Leslie Paton, Honorary Secretary. The following members were elected on the Executive Committee:—Messrs. Fisher, Collins, Parsons and Mayou, with the President and Secretary ex officiis.

It will be remembered that in 1919 the Council issued a report dealing with the training and examination of ophthalmic surgeons. It is gratifying to note that the following special examinations in ophthalmology have recently been established:—

M.S. London (Ophthalmology).
M.S. Victoria University, Manchester (Ophthalmology).
D.O.M.S. Conjoint Board, R.C.P. (Lond.), and R.C.S. (Eng.)

Also that at the present time a Committee of the Royal College
of Surgeons of England is considering the question of creating a higher form of diploma in connection with the Fellowship of the College.

During this Session the Council issued a report on the need for institutional treatment of children with contagious eye disease, which was forwarded to the Ministry of Health. Subsequently, a deputation from the Council was received by Sir George Newman, K.C.B., acting for the Minister of Health. As a result of this action of the Council, beds are now available at the Metropolitan Asylums Board Ophthalmia School at Swanley, for the treatment of London County Council school children suffering from ophthalmia or other contagious diseases of the eye.

The Council has had under its consideration the question of sight-testing by opticians, and has prepared and approved a report on the subject. It is not proposed to publish this report at present.

The Council has prepared a report on the notation of cylinder axes, and still has under consideration the question of the standardization of test types.

A member of the Council has been appointed to serve on a Joint Committee consisting of representatives from the Illuminating Engineering Society, the Research Association of British and Allied Manufacturers, the British Scientific Instrument Research Association, the Institution of Automobile Engineers, the Commercial Motor Users Association, and the Electric Lamp Manufacturers Association of Great Britain, Limited, on "Glare from Motor Car Head-lights."

The Council also agreed to appoint a Committee to consider the question of injuries to eye-sight resulting from the use of strong lights in cinema studios, but as the Minister of Health referred the matter to the Departmental Committee on the "Causes and Prevention of Blindness," the Council decided not to take any immediate action.

An interim report of the Committee on "Eyestrain in Cinemas," on which the Council has four representatives serving, has been issued. (See BRITISH JOURNAL OF OPHTHALMOLOGY, Vol. IV, p. 482, 1920.)

A Committee has been appointed to consider the Report of the Consultative Council of the Ministry of Health, in so far as it is likely to affect Ophthalmic Surgeons. This Committee has already gathered a considerable amount of information as to the work done by Ophthalmic Surgeons for various Public and State Authorities.

Another Committee is considering the question of examination, treatment and report of cases referred by Public Authorities to Ophthalmic Surgeons in Voluntary Hospitals.

As in previous years, the expenses of the Council have been defrayed by its members.
The Council has to thank the Council of the Royal Society of Medicine for affording them the use of a room for their meetings.

Report on the Institutional Treatment of London County Council school children suffering from Contagious Eye Diseases

The Council of British Ophthalmologists are glad to report that arrangements have been made for the treatment of children attending London County Council Schools who are suffering from contagious eye diseases.

In London there is a large number of cases of contagious eye diseases in children for which effective treatment is not provided. These include cases of trachoma, many cases of other forms of chronic ophthalmia, some accompanied by corneal ulceration, and a large number of cases of combined conjunctivitis and blepharitis. The cases are found mostly in the children of the poorest and least well-kept families of the community. They are well known to the school authorities, through whose visitors and Care Committees they are sent to the various school clinics and out-patient departments of the hospitals. Notwithstanding the most careful and regular treatment at these centres, the cases drag out a long and miserable existence, mainly owing to the absence of proper treatment at home; even a daily attendance at a centre, or the services of a visiting district nurse, is often insufficient to effect a cure. A drastic change in the whole condition and environment of the children is needed, such as can be obtained by in-patient hospital treatment where good food and wholesome surroundings rapidly effect amelioration of these diseases. The pressure on children's beds in London hospitals is so great that only those children who show immediate danger of loss of sight, e.g., by perforation of the cornea, can be admitted.

The suffering which these conditions entail is often very serious; there is almost continuous pain, a state which is reflected in the whole aspect of the children.

The risk of communication of these diseases to others is very great, particularly in the poorest and most crowded households where they flourish.

The loss to the community by reason of the neglect of these cases is heavy. Of the children who are admitted to the London County Council "Myope classes or classes for Partly Blind Children," 30 per cent. are returned as being admitted on account of "damaged eyes from inflammation." In later years, these persons are of poor value in the economic life of the nation; not infrequently, they are a constant charge upon the community owing to their inability to do useful work.

Some years ago, the Poor Law Schools of London were hot-beds of contagious eye disease. Now these schools (notwithstanding
the massing of susceptible subjects) are relatively free from such disease. The change has been effected in the main by a system of isolation of infected or suspected cases. In 1903-4, the Metropolitan Asylums Board opened two schools for the isolation and institutional treatment of affected children. Accommodation was provided for about 600 children. Up to the year 1910, this accommodation was scarcely sufficient for the number requiring treatment. The efficacy of the régime of these hospital-schools has been proved by the steady decline in the number of cases requiring admittance since 1910, so that at the present time more than half the accommodation is unoccupied.

The experience of the benefits to be derived from prompt isolation and treatment of these eye affections is not confined to the M.A.B. schools, but is corroborated by similar experience in other countries.

The hospitals of the M.A.B. have been in almost every instance provided at first for the treatment of the inmates of poor law institutions; gradually, there has been a widening of the scope of their operation, so that for fevers and certain other infectious diseases patients of other classes have been made eligible for admission.

Recently the M.A.B. has instituted a hospital for contagious eye diseases in the new-born, admission to which is not restricted to any one class of the community.

The Ophthalmia Schools of the M.A.B. at Swanley and Brentwood have only been used for those children whose parents are in receipt of poor law relief. As has been stated, there is now at these schools accommodation available for some hundreds of children. A return of the old defective conditions of the poor law schools is unlikely, so that these beds will not again be filled from that source.

There are many hundreds of children in the Metropolitan area to whom admission to these ophthalmia schools would be beneficial in the highest degree, and for whom there is no other suitable provision.

These arrangements have been made as a result of the report which the Council of British Ophthalmologists sent up to the Ministry of Health.

The institution at White Oak, Swanley, is under the Metropolitan Asylums Board and the number of children to be admitted will be dependent on the accommodation available.

Suitable cases should be referred to the district medical officer of the Public Health Department of the London County Council. The appropriate forms, which have to be filled up before admission, can be obtained from the School Medical Officer of the Public Health Department of the London County Council.