THE BRITISH JOURNAL OF OPHTHALMOLOGY

COUNCIL OF BRITISH OPHTHALMOLOGISTS

Annual Report

The Council of British Ophthalmologists presents its report for the Session, 1924-1925.

The Council deeply regrets the loss it has sustained through the death of Sir Anderson Critchett. Sir Anderson played an active part in the foundation of the Council and held the office of President during the first two years of its existence. He remained a member of the Council and took a keen interest in its proceedings until the end of his life.

At the first meeting of the Session the following officers were elected:—President: Mr. E. Treacher Collins; Vice-Presidents: Sir George Berry, M.P., and Mr. J. Herbert Fisher; Hon. Treasurer: Mr. J. Herbert Fisher; Hon. Secretary: Mr. W. H. McMullen.

The following members were elected to serve on the Executive Committee:—Messrs. Fisher, Lawford, Mayou, and Sir John Parsons, with the President and Secretary ex officis.

The question of the administration of optical benefit by approved societies under the National Health Insurance Acts has continued to engage the constant attention of the Council. In order to secure close co-operation with the British Medical Association a committee was appointed consisting of three members of the Association and three members of the Council. This Committee drafted a scheme for administration of ophthalmic benefit and submitted it to the Ministry of Health. At a later date three representatives of the newly constituted "Ophthalmic Benefits Committee" were added to the committee. As a result of prolonged negotiations between this joint committee and the Ministry of Health arrangements have been made for the administration of ophthalmic benefit, of which particulars have appeared in the BRITISH JOURNAL OF OPHTHALMOLOGY and other medical journals.

A Royal Commission on National Health Insurance having been appointed, the Council applied to give evidence. It submitted its report on sight-testing by opticians and the conclusions arrived at with regard to the provision of ophthalmic benefit by approved societies. Three members of the Council appeared as witnesses before the Commission.

The Council has published a report on the institutional treatment of interstitial keratitis. A copy of the report was sent to the Ministry of Health. The Council is pleased to state that, as a result, an instrument has been issued by the Ministry authorizing the Metropolitan Asylums Board to receive and treat cases of interstitial keratitis at their institution, White Oak, Swanley.
The report of the Council on standards of vision for candidates for scholarships and teacherships under Local Education Authorities was submitted to the Board of Education. It was published in the official journal of the Department, and the Council has been informed that the standards recommended have been widely adopted by Local Education Authorities.

A Committee has been appointed to investigate the methods employed in various parts of the British Isles for the education of children suffering from defective vision due to myopia or other causes (excluding the blind).

Another committee has been appointed to consider what effect has been given to the recommendations of the Departmental Committee on the causes and prevention of blindness in respect of industrial diseases and accidents, and to advise the Council as to any further action the Committee thinks desirable.

The Committee on the standardization of test types has presented a report which it is hoped to publish at an early date.

A short account of the constitution and work of the Council since its inception in 1918 was published in the British Journal of Ophthalmology (Vol. IX, p. 69). Copies may be obtained from the Secretary.

The expenses of the Council have been defrayed, as in former years, by its members.

The Council desires to thank the Council of the Royal Society of Medicine for the use of rooms for meetings.

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THE CONVENTION OF ENGLISH-SPEAKING OPHTHALMOLOGICAL SOCIETIES

This Convention, a preliminary notice of which appeared in our issue of August, was an unqualified success. Under the able presidenship of Mr. E. Treacher Collins, the very heavy programme of work was gone through without a hitch. On the scientific side the interest remained high throughout, and the numerous social events were very much appreciated. The meeting was the first of its kind, and the common mother tongue enhanced its scientific interest and helped personal relationships. It clearly demonstrated that the nations represented, although not a unity, were, in things ophthalmological, a family with a common similarity of outlook.

The numbers attending exceeded the anticipations of the organizers, 735 members were registered, the most pleasing feature
of which was the large and representative quota of American visitors, 230 in number. The Colonies were represented by 13 delegates, and guests were present from Holland, Denmark, France, Switzerland, Hungary, India, and China.

The inaugural ceremony of the Convention took place on the Tuesday morning, in the Memorial Hall of University College, with the President in the chair. Mr. Collins called upon the Rt. Hon. Neville Chamberlain, M.P., to deliver an address of welcome to the visitors.

The Rt. Hon. Neville Chamberlain, the Minister of Health, said it was only a few days ago that on behalf of the Government he addressed words of welcome to an International Congress of Radiologists, a body practising the youngest of the applications of science to the art of healing. To-day he offered a similar welcome to veterans in this matter, whose studies extended back to the earliest times. He was told that the first international congress of ophthalmologists took place as long ago as 1857, and that the last congress of the sort in London was in the year 1872. August, 1914, was the date on which it had been intended to hold another Congress, but the war stopped that, as it did so many other things, and it had not yet been found possible to arrange another gathering whose scope was international, and the present one was restricted to English-speaking societies. While those present would regret as much as he did himself the absence of that wider scope, and the accompanying more varied treatment, there was some satisfaction in the fact that the proceedings would be conducted in a tongue understood by all the participants, and the Convention had brought together once more, and for a beneficent purpose, peoples from the British Dominions and from the United States, who were already united to us by such friendly ties. In the last seventy years, immense advances had been made in the science and practice of ophthalmology. He did not know whether that period was as epoch-making as that which witnessed the discovery of the ophthalmoscope, but in the knowledge of the minute anatomy of the eye and the discoveries in relation to the powers of accommodation and the marvellous accuracy of the instruments now available, as well as the relationship of ophthalmic conditions to diseases of a more general nature, in addition to the various discoveries in bacteriology, pathology and minute anatomy, the last fifty years had been a very prolific time in reference to this branch of medicine. Indeed, he did not think it would be an exaggeration to state that in the last half-century ophthalmology had been revolutionized. And a very important matter was that whereas fifty or less years ago this special service was restricted practically to the well-to-do, to-day it was within the reach of the
artisan and the labourer, and particularly had it been organized for the benefit of the children. The importance of this branch of medicine could not be exaggerated, because on the state of the vision depended the whole of a child's future career. Those who came from overseas might be interested to hear that practically every local authority which had to deal with education now made provision for the detection and correction of errors of vision. There were now 500 medical men so engaged, and 482 clinics for the purpose. And a further extension was provided by ophthalmic benefits under the National Health Insurance.

In the increasing strain and hustle of modern life, our organs did not seem to change and adapt themselves rapidly enough, hence some of the disabilities. Under the presidency of Mr. E. Treacher Collins, whose name was so well known in all ophthalmological circles the world over and who was largely responsible for the organization of this gathering, the Convention was bound to be a triumphant success, and he believed that when those participating departed they would go armed with fresh vigour and with a new confidence in carrying on their warfare on behalf of the most precious of the special senses. He bade the Convention heartily welcome.

The American Ambassador (Mr. Houghton), on behalf of his fellow countrymen, expressed high appreciation of the kind words of Mr. Chamberlain and the welcome they conveyed; his unceasing efforts to encourage every movement having for its object the scientific investigation of disease was recognized and honoured by all. He also expressed admiration for the excellent programme, scientific and social which had been arranged. He thought it appropriate to utter a word of warning in regard to the social side of the gathering, remarking that there might be something in the world more gracious and kindly and delightful than an English welcome, but if there was he had not found it. Therefore he would say "Have a care!" He concluded by a humorous reference to the neglect of eye disease at home in the States when so many experts were enjoying themselves in Europe.

The following gentlemen, representing various co-operating societies, were then presented by the President to the Minister, and spoke a few words appropriate to the occasion: Dr. de Schweinitz, Dr. Walter Parker, Dr. Francis, Dr. Byers, and Dr. A. J. Hall.

Presentation of the Edward Nettleship Prize to Professor S. E. Whitnall, of Montreal

The President said Bowman and Nettleship had both left deep footprints in the sands of time, and in commemoration of those great men there had been established a Bowman Lecture and a
Nettleship Prize. The Bowman Lecture this year would be delivered by Sir John Parsons, and the Nettleship Prize, which was awarded triennially, had been assigned to Professor S. E. Whitnall, for his monumental work on the anatomy of the orbit and accessory organs of vision. Amid considerable enthusiasm he presented the Prize to that gentleman, and Professor Whitnall briefly expressed his grateful thanks.

Inauguration of the Critchett Memorial Presidential Badge

Mr. W. T. Holmes Spicer explained that on the lamented death of Sir Anderson Critchett some of his friends thought it desirable to institute some kind of permanent memorial of that grand old man, which should also include that of his distinguished father. Father and son had practised ophthalmology for a total of nearly a hundred years. In the time of the former, the two outstanding figures on the staff at Moorfields were Sir William Bowman and George Critchett. The latter was not a prolific writer; his devotion lay on the clinical side of his work, and in devising and carrying out operations. Anderson Critchett was born into the ideal atmosphere for the practice of ophthalmology, indeed he might be said to have lisped ophthalmology. But he had certain difficulties to contend with, and one was a divided allegiance, for he was the possessor of a rich baritone voice, and had a great fondness for music. His singing was in great request, and there came a time when his father said to this musical son: “Now, Anderson, you must make up your mind which you will be, whether you will be a surgeon or a singer; you can’t be both.” And Sir Anderson related that, out of deference to his father’s wishes, he became a surgeon, and after taking that decision he did not sing in public again. Mr. Spicer bore testimony to the kindness and geniality of Sir Anderson’s character, and said that one of the greatest delights was to be one of the intimate circle to be invited to his dinners. Mr. Spicer said it was fitting that he should have the honour of presenting this Badge to his old master, Mr. Collins, who was a very kind master, and who taught him all about the pathology of the eye that he ever knew. He hoped the President would go on doing the good work on which he had been engaged for the last forty years. He then invested the President with the Badge, amid much applause, the audience rising.

The President’s Address

The President then delivered his address on “The elimination of eye disease,” prefacing it by a word of welcome to those from overseas and other visitors to London.
He said that disease was to a great extent the failure of an organism to adapt itself to its environment, and for its elimination it was essential to know everything concerning the working mechanism of the organism and the varying conditions of its environment. He detailed a number of diseases in which the eye was involved.

In leprosy the eyes frequently became affected and the sight destroyed. In the early days, when there were many cases in this country, the strong measures adopted to segregate them were probably the chief factor in the elimination of the disease here. In the British Empire there was said to be still 300,000 cases of leprosy.

With regard to small-pox, in the first half of the 19th century from three-fourths to half the indigent blind who applied for relief had lost their sight from this disease, whereas in 1922 the Departmental Committee on Blindness could only discover six cases which could be attributed to that disease in the blind asylums.

Concerning ophthalmia, the contagious character of this condition was known to the Greeks 2,000 years ago. The microorganisms which caused it were killed by drying, therefore the conveyance of infection due to them was only likely to occur while they remained moist. No specific organism had been associated with the intractable trachoma, but whatever the virus was it might also be killed by drying, and the application of measures based on this idea had largely eliminated the disease from the British Army and the Poor Law Schools of London, where it was formerly rife, and in 1903 no fresh case had been reported in the Army. That the disease was still virulently contagious, however, was testified in Poplar only last year, when there was an extensive outbreak of it in the L.C.C. schools there.

The protean manifestations of syphilis were a very common cause of eye disease at the present time, and the Departmental Committee already referred to, attributed 10 per cent. to 15 per cent. of the blindness of the country to this disease. He felt that in the contest with venereal disease man must eventually be the victor. He referred to several phases of the propaganda against it, and quoted figures showing a gradually declining incidence. He thought that the punishment of those who knowingly communicated these diseases to others should be made to fit the crime, i.e., incarceration and treatment until freed from infection.

With regard to iritis, what was called "rheumatic iritis" was but rarely associated with articular rheumatism; the commonest joint affection associated with iritis was that due to gonorrhoea. Metastatic infection as a cause of iritis was insisted on energetically by Mr. William Lang, who in 37 per cent. of his iritis cases was able to find nothing amiss but pyorrhoea.
Dealing next with tubercle of the eye, Mr. Collins said statistics did not enable one to say whether the number of cases of tuberculous eye affections was diminishing; but both here and in the United States the amount of respiratory tuberculosis was decreasing.

The elimination of phlyctenular ophthalmia and keratitis was a social matter, intimately connected with over-population and overcrowding. Perhaps much could be done by bringing about exposure of these people to artificially-generated ultra-violet rays. Animals given food deficient in fat-soluble "A" vitamin were found to develop xerophthalmia and keratomalacia, the latter being now a rare disease in this country.

Some eye diseases seemed to be primarily due to tissue degeneration, and retinitis pigmentosa was probably one of these.

Myopia and the sequelae of choroidal atrophy and detachment of the retina the President regarded as a result of the present system of education, as it was unnatural to compel a young and growing animal to spend several hours daily poring over books, often under artificial illumination. The gramophone and cinematograph should be much more called into requisition, and oral teaching should be practised more extensively.

He proceeded to speak of the work of the Council of British Ophthalmologists, a parallel body to which had now been set up in the United States, under the direction of laymen, but with ophthalmologists on its board. Reference was also made to the scope of work of the International Committee of Red Cross Societies and of the League of Nations, and the President's final word was a plea for the international combat against disease as one of the surest ways to international peace.

The Scientific Programme

The scientific programme was immensely crowded and interestingly varied. The proceedings will be published in detail in "The Transactions." It comprised some forty individual papers and two major discussions. A very pleasing feature was the large part taken throughout by the members from overseas.

The perennial subject of glaucoma was treated in several papers dealing with its clinical features, its diagnosis, and its pathogenesis. Under the latter head three theories were sponsored, an infective theory by Dr. Kerry (Montreal), an anterior drainage theory by Lt.-Col. Herbert (Hove), while Mr. J. H. Fisher (London) laid stress on the posterior lymph paths. The subject of cataract attracted several speakers. Dr. Knapp (New York) communicated the late results of his extensive experience of the intracapsular
method of extraction; Mr. Sinclair (Edinburgh) and Mr. Hern (Darlington) described the special modifications of this operation which they practise; Dr. Ziegler (Philadelphia) traced the history of discussion, and described his latest technique by the complete V-shaped method; and an interesting and suggestive account of his promising results in the treatment of cataract by the exhibition of lens antigen was communicated by Dr. A. E. Davis (New York). Perhaps the paper which stimulated most interest and discussion was the account by Dr. F. A. Davis (Wisconsin) of the remarkable hereditary eye defects he has produced experimentally in rabbits by the injection of lens sensitized sera and pulped lens into pregnant animals. In his paper on pituitary tumours Mr. Sargent (London) advanced a strong plea for earlier operation treatment, and quoted results which abundantly justified his thesis, while Mr. Davenport (London) showed that other methods, such as radiation, should not be altogether neglected. Prof. van der Hoeve (Leiden) summarized the present position with regard to glioma, stressing its direct intracranial mode of spread. New therapeutic methods were discussed by Mr. Giri (Eastbourne), who dealt with non-specific protein therapy by milk injection; and Dr. Woods (Baltimore), who uses preparations of uveal pigment in the diagnosis and treatment of sympathetic ophthalmitis. Innovations in operative technique were described by Dr. Fox (Philadelphia) in the treatment of conical cornea by incision and suture, by Dr. Jameson (New York) in the treatment of squint by muscle recession, by Mr. MacCallan (London) in trichiasis and entropion, and by Mr. Thomson (Beyrout) in the treatment of dacryocystitis by dacryocystenecleisis, whereby the sac is obliterated by an irritant injection. Several papers dealing with physiology, optics, and refraction were read, new instruments and appliances demonstrated, and a number of interesting and rare clinical cases described.

A major discussion on the Microscopy of the Living Eye was opened by Prof. Byers, Dr. Bedell, Mr. Harrison Butler, Mr. Graves, and Miss I. C. Mann. Each dealt with a special part of the subject, and were followed by Mr. Goulden, Dr. Pollock, Dr. Zentmayer, and others.

A symposium on "The Evolution of Binocular Vision" formed one of the most interesting items of the proceedings. It was opened by Prof. Elliot Smith, who spoke from the point of view of comparative anatomy. He stressed the fact that the attainment of binocular vision, with the consequent acquisition of a wider field and appreciation of detail, was the predominant factor in the evolution of man, and formed the substratum whereon his intellectual supremacy was built. The process of evolution was elucidated by the study of those surviving animals which nearly
approached the missing links in the organic chain of human
descent. The main factors in the process were three: the recession
of the snout, which rendered a binocular field possible; the growth
of the dominating occipital cortex and the appearance of the
macula, whose acquisition allowed the appreciation of detail, and
thus was responsible for the development of the aesthetic sense,
the arresting curiosity and craving for visual information, and the
fuller satisfaction of the thirst for knowledge; and the develop-
ment of the motor centres in the midbrain and the pre-frontal
cortex, which controlled automatic conjugate movement of the
eyes, the involuntary co-ordination of which was the pre-potent
factor in the acquirement of skilled movement and the power of
experimentation, and consequently of intellectual advance. Sir
Frederick Mott dealt with the cerebral part of the subject, and
showed the domination of the frontal over the occipital cortex;
the agranular area of the former was reinforced by fronto-pontine-
cerebellar impulses, and linked up with cerebral processes of
association and synthesis in the highest levels. Prof. Whitnall
traced the development of the muscular apparatus subserving the
need of binocular vision, and followed the stages in the attainment
of parallelism in the visual axes in place of divergence, and the
further development of this into convergence. Sir Arthur
Keith outlined the main changes undergone by orbit and skull.
Objecting to the term binocular, as connoting a widely distributed
condition, he suggested in its place bifoveate or bimacular vision.
In his opinion the development of bifoveate vision did not depend
on the recession of the snout, nor was it a necessary result of
arboreal life; rather was it closely linked up with the methods of
locomotion by springing, which was the dominant factor in the
evolution of true primates. The true source of the superiority of
man's vision lay not peripherally in the eye or skull, but in the
brain. The bifoveata had to judge the distance from branch to
branch, to estimate the safety of the support offered, and to see
and appreciate beyond the first steps a succeeding series of foot-
holds. The evolutionary machinery which had transformed the
visual world was therefore exceedingly complicated, and involved
not merely the eye and its peripheral motor apparatus, but all the
parts concerned in visual interpretation and ocular co-ordination,
and the connections of these centres with other sensory, motor,
and psychic centres. When the process whereby man attained
bifoveate vision had been elucidated, the most difficult problem
of the whole of evolution would have been solved.

The Bowman Lecture

The Bowman Lecture, which was delivered by Sir John H.
Parsons in the Memorial Hall on the evening of July 16, formed
the outstanding contribution to the proceedings of the Convention. Choosing as his subject "The Foundations of Vision," the lecturer evolved and elaborated the thesis that the physiological processes involved in vision, the anatomical basis of these processes, and their psychological counterparts, can be divided into two great groups, protopathic and epicritic; and further, that the conception was not limited to vision and to ophthalmology, but embraced the whole domain of the physiology of the senses, and the psychology which is the conscious expression of that physiology.

These terms were interpreted in the sense of the conception evolved by Head and Rivers in their work on tactile sensibility, but the detailed conclusions of these workers were not accepted. The protopathic response was concerned with those elemental processes on which existence and survival depended. It was, therefore, of vital import, primitive and undifferentiated in nature, and was endowed with that potential plasticity which permitted of differentiation along many lines. The epicritic was differentiated from and evolved out of the elemental protopathic. It was, therefore, of gnostic import, delicate and specialized in nature, and provided an active, dynamic plasticity in a narrower field. While retaining many of the characteristics of the cruder protopathic response, especially as regards its quality, it was better defined, susceptible of finer gradation, endowed with more accurate local signature and discrimination, less charged with affective tone, and possessed a richer and higher cognition. Being essentially utilitarian and necessary for survival, the protopathic response could not be wholly replaced by the more delicate epicritic; the two, therefore, existed side by side, the ultimate behaviour response being dominated by the psychological pattern built up by the integration of elements derived from all the senses.

This conception of a dual mechanism of vision was supported by anatomical evidence, by physiological experiment in man and on animals, and by clinical observations. Physiologically there were two main functions of vision, motor and sensory, each showing the same essential duality. At a very low level in the animal scale, the most primitive visual organ, a single receptor cell, reacted to incident radiation by one primitive, indubitable response—a motor, directional one. This, the fundamental protopathic response to light, was traced to the elaborate photostatic mechanism for equilibration and co-ordination met with in man, a system whose reflexes were co-ordinated in the midbrain and differentiated and integrated in the cerebellum. The corresponding epicritic system was represented by fibres subserving stereognostic perception, whose impulses found their integration centre in the cerebrum.

In the sensory functions of vision the same duality obtained.
The protopathic light sense was represented by scotopic vision, and as such was vague, crude, and undifferentiated, lacking localization and discrimination. Photopic vision had the characteristics of epicritic sensibility, with its meticulous exactitude of localization and discrimination, and its greater differentiation qualitatively in the perception of colour. The appreciation of movement was a primitive biological feature, vital for the preservation of life; it was, therefore, essentially protopathic. Colour vision was photopic, it showed the richest qualitative differentiation of any sense; it was, therefore, pre-eminently epicritic. Luminosity was comparable to temperature sensation in that it was common to both protopathic and epicritic systems, differing in its distribution in range. Phenomena of fatigue and discrimination of depth could well be explained physiologically largely on the basis of induction.

Anatomically the two systems were subserved by distinct elements. In the retina the protopathic mechanism was represented by the rods—the end-organs of scotopic vision and the appreciators of movement. The cones, on which depended the discrimination of minutiae of detail, and the appreciation of colour, were epicritic in nature. In the central nervous system the optic fibres to the superior colliculus and their connections are the most primitive phylogenetically; their function is photostatic; their nature is, therefore, protopathic, and their head ganglion is the cerebellum. The retino-geniculate fibres are largely, and the retino-pulvinar fibres to the thalamus concerned with vision and stereognosis are entirely epicritic, and find their integrating centre in the cerebrum.

The lecturer concluded by expressing the opinion that ophthalmology had too long been content to apply past knowledge, and that future advances will not depend, as heretofore, on refinements of operative technique, but will rather depend on and be revolutionized by an increased knowledge of the biochemistry of the eye and the physiology of vision.

The Museum and Exhibition

In University College an interesting and comprehensive museum had been prepared of drawings, instruments, and anatomical, embryological, and pathological specimens. The efficiency of the catalogue added largely to its scientific interest, and a prominent feature was the number of sections illustrating much of the recent original work done in this country and America. Simultaneously the prominent firms in London ran a Trades Exhibition, in which was demonstrated a large number of new and re-modelled ophthalmological appliances.
The Social Programme

On the eve of the Convention members and their friends were received by the President, Sir John Bland-Sutton, and the Council of the Royal College of Surgeons of England. The museum of the College was thrown open, and the function provided a happy opportunity for introductions prior to the opening of the official programme.

On the afternoon of Tuesday, 14th, a number of excursions were organized to places of ophthalmological interest in London and its environments which were well taken advantage of by members.

In the evening a reception was given by the managers of the Royal Institution, Sir James Crichton-Browne receiving the guests. In the course of the evening Sir W. Bragg, the Director of the Institution, delivered a delightful lecture on Thomas Young and his work, illustrating his subject by experimental demonstrations. He dealt with Young's work on that ever interesting riddle, the nature of light, and showed how, following Newton, he had played a vital and critical part in the scientific advance which had led to the conquests of Lord Rayleigh, and was still to-day a dominating influence in the lecturer's own work on the elucidation of the ultimate structure of the atom.

On the afternoon of the 15th, Sir William and Lady Lister entertained the members of the Convention at a Garden Party in the beautiful grounds at Aubrey House.

On the evening of Thursday, 16th, the President and Mrs. Treacher Collins held a reception in the Wellcome Historical Museum, where the beautifully arranged and systematized collection of instruments, pictures, and tableaux excited a large amount of interest from the visitors.

The Official Banquet

The Official Banquet, which terminated the proceedings of the Convention, took place in the Guildhall on the night of the 17th. A large company was present including a number of distinguished guests, and the toast list was pleasantly interluded by the British Imperial Orchestra and the Gresham Singers.

H.R.H. the Duke of Connaught was the guest of honour. In replying to the Royal Toast he expressed his pleasure at meeting so many distinguished ophthalmologists; of all classes, that profession which devoted their lives to the amelioration and prevention of blindness were deserving of the honour and congratulation of the community. The medical people of London were to be congratulated on their long-famous hospitality to their co-workers from all parts of the world, and he hoped that the time
that their guests had spent in England had been both pleasant and profitable.

The President, in proposing the toast of the English-Speaking Ophthalmological Societies, emphasized the common origin and inspiration of the peoples represented, and the common purpose of the gathering—the love of ophthalmology. The complete ophthalmologist was a practitioner of medicine, a surgeon, a neurologist, a physiologist, a mathematician, a physicist, and above all a psychologist. There was only one nearly approaching this in this country—the President elect. With him as a worthy representative of the oldest English-Speaking Ophthalmological Society he associated Dr. de Schweinitz, and as representing the youngest, Prof. Byers of Montreal.

Sir John H. Parsons remarked that much of the success of the Conference was due to our colleagues from across the seas. At the same time America owed much to English ophthalmology, and the Hospital of Moorfields was undoubtedly the ophthalmic centre of the world. America was now repaying that debt—not in gold, but rather in the coinage of inspiration returned. Dr. de Schweinitz, on behalf of America, paid a warm tribute to English hospitality, and stressed the essential unity of all the English-speaking peoples. Prof. Byers expressed the pleasure of the Colonial delegates in again visiting England, and having the opportunity of appreciating British inspiration.

Mr. J. H. Fisher proposed the toast of the guests, which was responded to by Sir George Wyatt Truscott, who recalled the Freemen of the Mysteries of Barbers whose lineal descendants English ophthalmologists were; by Sir Humphry D. Rolleston, who elaborated the mutual debt of ophthalmology and medicine; and by Sir John Bland-Sutton, who taunted the company that, despite their Convention, they had left unsolved two of their and the world’s greatest riddles—the nature of light, and the wavelength of love.

Mr. Ernest Clarke, in toasting the chair, paid a warm tribute to Mr. Treacher Collins—a name known and respected in every town where ophthalmology was practised, and in every clinic where ophthalmology was taught.

W. S. Duke-Elder.