HISTORIA OPHTHALMOLOGICA INTERNATIONALIS

AUSPICIIS ACADEMIAE
OPHTHALMOLOGICAE INTERNATIONALIS

VOL. 3 / FASC 1

TWENTY-FIVE YEARS OF INTERNATIONAL OPHTHALMOLOGY (1957-1982)

(with 58 figures)

written at the request of the International Council of Ophthalmology

by

Jules FRANÇOIS (Ghent)

WAYENBORGH
VERLAG · EDITIONS · PUBLISHER

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INTRODUCTION

A summary of the history of the first seventy-two years of the International Congresses (1857-1929) has been written by Treacher Collins (Great-Britain) and was published in the second edition of the **Indicia** in 1933. The story of the first twenty-five years of the International Council of Ophthalmology (1927-1952) has shortly been told by J.W. Nordenson (Sweden) in the fourth edition of the Index Ophthalmologicus in 1954. Sir Stewart Duke Elder (London) has recounted more fully the history of International Ophthalmology* in all its aspects and has brought it up to the end of the first hundred years (1957). As I was a member of the International Council of Ophthalmology since 1958, first as a representative of the European Ophthalmological Society, then as secretary general and finally as president, it is my pleasure to tell the story of the International Ophthalmological Congresses and of the International Council of Ophthalmology as well as of the International Federation of Ophthalmological Societies during the last twenty-five years.

As Stewart Duke Elder wrote in 1957, "such a history cannot be exhaustive nor can it record each incident, but it can convey the general trend of the efforts of our forefathers to establish and preserve co-operation between the nations in the interests of ophthalmology. It can reflect the exciting highlights in the progressive advance of our subject, and it may inspire future generations to emulate the spiritual and practical endeavours of those who have preceded them in maintaining the unity and brotherhood of ophthalmologists throughout the world."

* Edited by Henry Kimpton, London, 1958.

PART I

THE INTERNATIONAL CONGRESSES OF OPHTHALMOLOGY

Not only is ophthalmology the oldest specialty in medicine, but it is also the most friendly and closely united world family in medicine. "To a large extent, as said Stewart Duke Elder, this has been due to its extreme fortune in attracting a number of outstanding men, who not only attained international fame in their professional work, but also combined personal qualities of unusual distinction with a broad international outlook. Together they were largely responsible for maintaining the continuity and vitality of international ophthalmology despite all vicissitudes."

The oldest international medical congress, which survives today, is the international Congress of Ophthalmology, the first meeting of which took place in 1857 in Brussels. Since then there were twenty-three other periodic international congresses in various cities of the world (table I). The history of the seventeen first congresses has been written by Stewart Duke Elder (1958).

As is shown in table I, the number of delegates, countries and papers increased progressively, especially after world war II, and demonstrated the success as well as the value of the international congresses of ophthalmology.

TABLE I. - The International Congresses of Ophthalmology.

	Number of delegates	Number of countries	Number of papers
First Congress, Brussels, 1857	150	24	34
Second Congress, Paris, 1862	113	25	38
Third Congress, Paris, 1867	114	22	33
Fourth Congress, London, 1872	112	14	41
Fifth Congress, New York, 1876	106	9	27
Sixth Congress, Milano, 1880	118	16	55
Seventh Congress, Heidelberg, 1888	250	20	45
Eighth Congress, Edinburgh, 1894	256	22	45
Ninth Congress, Utrecht, 1899	274	20	92
Tenth Congress, Lucerne, 1904	397	31	64
Eleventh Congress, Naples, 1909	426	37	102
Twelfth Congress, Washington, 1922	579	16	45
Thirteenth Congress, Amsterdam-The Hague, 1929	939	46	199
Fourteenth Congress, Madrid, 1933	753	43	84
Fifteenth Congress, Cairo, 1937	662	51	87
Sixteenth Congress, London, 1950	1211	66	140
Seventeenth Congress, Montreal-New York, 1954	2164	70	194
Eighteenth Congress, Brussels, 1958	1629	78	351
Nineteenth Congress, New Delhi, 1962	1519	62	155
Twentieth Congress, Munich, 1966	2101	81	265
Twenty-first Congress, Mexico, 1970	2663	76	290
Twenty-second Congress, Paris, 1974	2397	83	317
Twenty-third Congress, Kyoto, 1978	3245	81	488
Twenty-fourth Congress, San Francisco, 1982	?	?	?

EIGHTEENTH CONGRESS, BRUSSELS, 1958 (fig. 1)

The celebration of the centenary of the International Ophthalmological Congresses in 1958 in Brussels, where the first congress was held in 1857, was a great success. Professor Leon Coppez (Brussels) (fig. 2) was the president and Prof. Jules François (Ghent) (fig. 3) the secretary general. There were 1629 delegates from 78 countries and 351 papers were presented.

The two official main topics were the orthoptic treatment of concomitant strabismus (A. Bangerter, St. Gallen, Switzerland; T. Keith Lyle, London, Great-Britain; J. Malbran, Buenos Aires, Argentina) and senescence in ophthalmology (M. Bürger, Leipzig, East Germany; J. François, Ghent, Belgium; G. Jayle, Marseille, France). Other main subjects were radio-active isotopes in ophthalmology, electroretinography, aetiology of cataract, genesis of functional symptoms in glaucoma and preventive treatment of idiopathic and secondary detachment of the retina.

There was a meeting of the International Organization against Trachoma with a report of P. Thygeson (San Francisco) and R. Nataf (Tunis) on the aetiology of trachoma.

The opening ceremony was held in the presence of her Majesty the Queen

Fig. 1. — Symbol of the XVIIIth International Congress of Ophthalmology (Brussels, 1958).

Elisabeth, who received the International Council of Ophthalmology (fig. 4). Her father, Duke Carl Theodore of Bavaria, was an ophthalmologist of deservedly great repute, having contributed much to science and to the relief of human suffering.

As Sir Stewart Duke Elder said in his closing speech: "In this congress the whole family of ophthalmology drawn from every continent in the world has for a brief space become united. It has been good to meet each other, to renew old acquaintances, and make new friendships in the pleasant surroundings and the delightful atmosphere of Brussels. Such a family party can do nothing but good; it is good for our enjoyment and fulfilment of life; good for the continued progress of ophthalmology, and therefore good for humanity. Each of us will go home fuller and richer for our experience, happier because we know that the members of our family from all the far-flung countries of the world have the same aspirations, the same ideals and the same purposes as has each of us."

"With this congress ends the first century of International Ophthalmology. We ophthalmologists were the first to form ourselves into a world-family, and despite a century of change and disturbances, we have maintained that family. This 18th congress has once more forged together in links of the spirit which are stronger than those of steel, that sense of family brotherhood, which we shall never lose."

Fig. 2. — Professor Léon Coppez,
President of the XVIIIth International Congress of Ophthalmology (Brussels, 1958)

Fig. 3. — Professor Jules François,
Secretary-general of the XVIIIth International Congress of Ophthalmology (Brussels, 1958).

Fig. 4. — Reception of the International Council
of Ophthalmology by her Majesty Elisabeth, Queen of Belgium (Brussels, 1958).

NINETEENTH CONGRESS, NEW-DELHI, 1962 (fig. 5)

The nineteenth International Congress took place in 1962 in New-Delhi. Its president was Professor Kiran Sen (Calcutta) (fig. 6) and its secretary general Dr. Y.K.C. Pandit (Bombay) (fig. 7). There were 1519 delegates from 62 countries and 155 papers were presented.

The two official reports were the ocular localizations in tropical parasitological diseases and the corneal dystrophies and degenerations. The reporters for the first subject were B.N. Bhaduri (Calcutta, India) on "Eye complications in the protozoal parasitic diseases of the tropics", P.A. Larmande (Tours, France) on "Tropical ocular helminthiases" and Cyro de Rezende (São Paulo, Brazil) on "Ocular mycosis". The reporters for the second subject were G.B. Bietti (Rome, Italy) for the clinical aspects, A.E. Maumenee (Baltimore, USA) for the histopathology and A.G. Leigh (London, Great-Britain) for the treatment. There were also four symposia on: (1) Electron microscopy in ophthalmology, (2) Complications of cataract operation, (3) Eales' disease and (4) Problems raised in ophthalmology by the recent progress in aviation.

At the meeting of the International Organization against Trachoma, G.B. Bietti,

Fig. 5. — Symbol of the XIXth International Congress of Ophthalmology (New-Delhi, 1962).

M.J. Freyghe and R. Vozza (Rome) gave a report on the "Present distribution of trachoma in the world."

The opening ceremony was held in the presence of Dr. S. Radhakrishnan, President of India, and of Mr. Shri Jawaharlal Nehru, Prime Minister of India. The President of the International Council of Ophthalmology received a Presidential Badge (fig. 8), a gift of Lady Duggan in memory of her husband, the late Sir Jamshedji Duggan, once a distinguished member of the Council. There was also an oration on light, colour and vision by Sir C.V. Raman, the great indian physicist.

A special postage stamp has been issued to commemorate this nineteenth international congress of ophthalmology (fig. 9).

In India there are more than two million blind; 90 per cent of this is probably preventable and another 5 per cent perhaps curable, with the six major menaces of malnutrition, trachoma, smallpox, leprosy, infective ophthalmia and cataract. Therefore the nineteenth International Congress has been organized in New-Delhi with the noble triple mission (1) the increase of knowledge, (2) the good of humanity and (3) the relief of blindness.

As Milton L. Berliner said, the spirit of peace, the spirit of charity toward all men, and a passionate regard for brotherly kinship, have always marked the

Fig. 6 — Professor Karan Sen, President of the XIXth International Congress of Ophthalmology New-Delhi 1962

higher thought of the country that now welcomes us, India. It is doubly fitting that this early cradle of our science and of responsible mankind was chosen for the meeting place of the nineteenth International Congress of Ophthalmology. In the early christian era, while most of Europe was in darkness, Indian medical men produced memorable treatises dealing with healing and surgery. Some Western Scholars maintain that modern medicine began in pre-vedic India, not in Greece; certainly well before the Hippocratic period. We can confirm that Sushruta, the father of cataract surgery, performed couching operations and organized a system of ophthalmologic therapy. More than 2000 years ago he wrote: "The science of ophthalmology is as vast as the ocean; and eternally it grows. Do not think that all knowledge is contained within these verses of mine. The underlying principles of the science of ophthalmology, as written in these verses, will germinate, grow and bear fruit only under the congenial warmth of medical genius". Obviously, in India, the energy and the enthusiasm of today are grafted upon a series of cultures so ancient that they are lost in the mists of unrecorded time.

Fig. — Dr. Y. K. C. Pannir,
Secretary-general of the XIXth International Congress of Ophthalmology, New-Delhi, 1962.

Fig. 8. — Presidential badge.

Fig. 9. — Commemoration stamp of the XIXth International Congress of Ophthalmology (New-Delhi, 1962).

TWENTIETH CONGRESS, MUNICH, 1966 (fig. 10)

The twentieth International Congress of Ophthalmology took place in Munich in 1966. Its president was Professor H.K. Müller (Bonn) (fig. 11) and its secretary general Professor E. Weigelin (Bonn) (fig. 12). There were 2101 delegates from 81 countries and 265 papers were presented.

The two most famous German ophthalmologists, the two genii Helmholtz and von Graefe, were depicted on the congress medal (fig. 13). Moreover, there was a special cancellation for postage stamps (fig. 14).

The two official reports were (1) Anatomy, physiology and pathology of the retinal circulation (D.G. Cogan and T. Kuwabara, Boston, USA; H. Hirsch and M. Schneider, Köln, West Germany; I.C. Michaelson et al., Jerusalem, Israel), (2) Uveitis in childhood (R. Witmer, Zürich, Switzerland; E.S. Perkins, London, Great-Britain). The conclusions of various satellite symposia were also presented: (1) Jules Gonin Club, (2) Clinical significance of electroretinography, (3) Biochemistry of the eye, (4) Difficulties and errors of diagnosis and treatment of

Fig. 10. — Symbol of the XXth International Congress of Ophthalmology (Munich, 1966).

Fig. 11. — Professor Hans Karl Müller,
President of the XXth International Congress of Ophthalmology (Münich, 1966).

Fig. 12. — Professor Erich Weigelin,
Secretary-general of the XXth International Congress of Ophthalmology (Munich, 1966).

glaucoma, (5) Strabismus. There were two round tables: (1) Statistical methods for the evaluation of ophthalmological therapeutic results and (2) Infections of the eye with particular reference to those caused by virus and fungi.

At the meeting of the International Organization against Trachoma, H. Bernkoph (Jerusalem), B. Babudieri (Rome) and J. Orfila (Amiens) gave a report on "Immunology and serology of trachoma".

The opening ceremony was held in the presence of the President of West Germany, Dr. h.c. Heinrich Lübke, and of the State Minister, Dr. Handhammer. As Louis Werner said, "in every country one visits, one is impressed by the men and women one meets, who are engaged in our specialty, and the great advantage of a congress such as this is, that it brings together into a small area a great number of such persons. In this circumstance, one mind acts as a catalyst to another, so that we have not merely the sum of a number of ideas, but rather their multiplication many times over. Occasionally, on returning from a Congress, you may hear someone say "Oh, there was nothing to be learnt there". We must all be sorry for such an individual, as it means that he is either incapable of assimilating new ideas, or else is so self-satisfied that he cannot believe that anyone else's opinion could possibly be better than his own. Even if his excuse is that he spent

Fig. 13. — Hermann von Helmholtz and Albrecht von Graefe on the Congress Medal (XXth International Congress of Ophthalmology, Munich, 1966).

all his time at social functions or on tours, I still would not excuse him, for, after all, castles, churches, and customs, yes, even cuisine and cabarets, differ in every country, and can be worthy of study".

Louis Werner said also that "in some ways, the great ophthalmologists who will speak to you during the congress, resemble the great composers, though the instruments for which they have written are not the clavichord, the harpsichord, and the spinet, but our knowledge, our intellect, and our wisdom. Let us pray, then, that we have kept our minds so well in tune, that we can do justice to the harmonies of the music masters, and send their melodies, ringing true and clear into every country, into every capital, into every city, so that, in the years to come, sufferers from eye diseases, wherever they may be, may have reason to be thankful, and grateful, that this great Munich conference took place".

"It is rewarding", as said Professor J.C. Mc Culloch, "to meet at this 20th Congress, fellow specialists from every country. Through many personal conversations we have become aware of the strong ties binding us. Particularly, we have found ophthalmology is a common mistress. We all feel the strength of the science of our specialty, we see the beauty of its art and, as oculists, we find ourselves joined in the aim to do good to our fellow man. The breadth of subjects

Fig. 14. — Special cancellation for postage stamps at the XXth International Congress of Ophthalmology, Munich, 1966.

discussed, the many countries represented in the program and the excellence of the papers that have been given, make this congress really outstanding".

The International Council of Ophthalmology was invited by Prof. Müller and during the informal dinner, which was very joyful, this unique picture was taken (fig. 15).

Fig. 15. — Picture taken at the dinner of the International Council of Ophthalmology in Munich (1966). From left to right, Jules François, Sir Stewart Duke Elder and Bernard Streiff.

TWENTY-FIRST CONGRESS, MEXICO, 1970

The twenty-first International Congress of Ophthalmology took place in 1970 in Mexico, the first country in Latin America to found a University in 1551, to set up a printing press and to open a hospital. The emblem represented a pre-hispanic pyramid together with a colonial church and a modern building (fig. 16). The President was Professor M. Puig Solanes (fig. 17) and its secretary general, Dr. A. Zertuche (fig. 18). There were 2663 delegates from 76 countries and 290 papers were presented.

The two official reports were (1) Physiopathology of the occipital lobe (A. Dubois- Poulsen et al., Paris, France; M.M. Velasco Suarez, Mexico) and (2) Ocular embryopathies (J. François, Ghent, Belgium, on the aetiology and symptomatology; G. Töndury on the histopathology; F.W. Newell and A.E. Krill on the differential diagnosis and prophylaxis). A commemorative Lecture "Manuel Uribe Troncoso" was given by Prof. Hilton Rocha (Belo Horizonte). There were symposia on (1) Recent concepts on diagnosis and treatment of glaucoma, (2) Modern problems in paediatric ophthalmology, (3) Cryosurgery in ophthalmology, (4) Diseases of the macula, (5) Selected subjects in ophthalmological therapeutics and (6) Recent advances in ocular electron-microscopical histopathology. The meeting of the International Organization against Trachoma

Fig. 16. — Symbol of the XXIst International Congress of Ophthalmology (Mexico, 1970).

was mainly devoted to the treatment of trachoma. An important and complete report on the subject was given by M.L. Tarizzo (WHO) and R. Nataf (Paris). There were several satellite meetings, before or after the Congress: (1) Diseases of the lacrimal system, (2) Pan-American Association for Ocular Pathological Anatomy, (3) International Council for Ophthalmological Contact Lenses, (4) Visual standards for land transport drivers, (5) Ergophthalmology, (6) International Strabismological Association, (7) Ophthalmic Microsurgery Study Group.

The opening ceremony was held in the presence of the President of the Mexican Republic, Lic. Gustavo Diaz Ordaz. As said the President of the Congress, Prof. Puig Solanes, "the danger of an unavoidable subspecialization is not that of developing into a reasonable subdivision of the specialty but into a splintering of it. There is a risk that medicine may be broken down to the point of being pulverized. That is the pitfall inherent in specializing not exclusively "in the activity" — an inevitable, lesser evil — but "in knowledge" as well. The only way of countering this danger is by keeping the practitioners in the various branches of a specialty from losing contact, and the one effective means of accomplishing this is through our international ophthalmological congresses."

A special postage stamp series has been issued to commemorate this congress (fig. 19).

Fig. 17. — Professor M. Puig Solanes.
President of the XXIst International Congress of Ophthalmology (Mexico, 1970).

Fig. 18. — Doctor Abelardo Zertuche,
Secretary-general of the XXIst International Congress of Ophthalmology (Mexico, 1970).

Fig. 19. — Special postage stamp series for the XXIst International Congress of Ophthalmology (Mexico, 1970).

TWENTY-SECOND CONGRESS, PARIS, 1974

The twenty-second International Congress of Ophthalmology took place in Paris in 1974 (fig. 20). The president was Professor P. Brégeat (fig. 21) and the secretary general, Professor H. Saraux (fig. 22). There were 2397 delegates from 83 countries and 317 papers were presented.

The two official reports were (1) Diabetic retinopathy (clinical and fluoro-angiographic aspects by P. Brégeat, Paris, F. Regnault, Paris and P. Amalric, Albi; natural history and prevalence by M.D. Davis et al., University of Wisconsin, USA; pathogenesis and pathology by N. Ashton, London, Great-Britain; treatment by A. Urrets-Zavalia, Cordoba, Argentina) and (2) Ocular manifestations of inborn errors of metabolism (carbohydrate and lipid metabolism, by J. François, Ghent, Belgium; amino-acidopathies, mucopolysaccharidoses and mucolipidoses, by G. Auricchio, Naples, Italy; with their pediatric, biochemical (A. Prader, Zürich, Switzerland) and genetic aspects (J. Lenz, Erlangen, West-Germany).

The opening ceremony was held in the presence of the President of the Senate, President a.i. of the French Republic, Mr. Alain Poher. As Prof. Jules François, President of the International Council said, "thanks to the speakers, who will

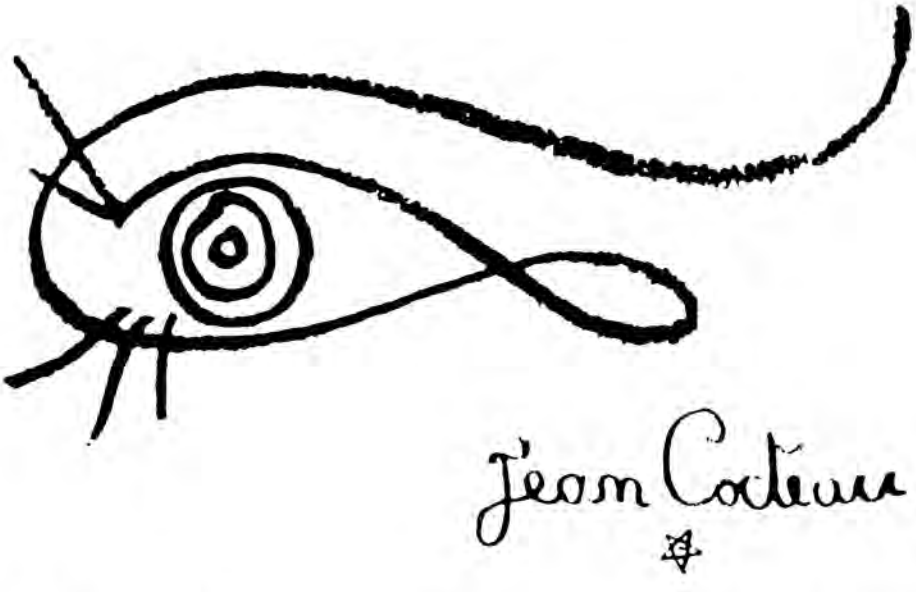

Fig. 20. — Symbol of the XXIInd International Congress of Ophthalmology (Paris, 1974). Drawing by Jean Cocteau.

present the conclusions of their research work, the congress will be able to realize its purpose, which should be the aim of every scientific meeting, namely the better understanding and the elucidation of one or other complex and specific problem by the addition of new informations to the data already known and by the discussion of recent viewpoints and interpretations, so that we know where we exactly are and from where we can start for further research and wider learning. This meeting will illustrate once more that it is at present no longer possible to conduct valuable research in one single field, but that the collaboration between different disciplines either closely connected or very different, is of utmost importance. If we want medicine to progress for the benefit of our patients, whose prophylactic or therapeutic ophthalmological treatment remain our primary concern, we can no longer be satisfied with purely clinical investigations, but we must also devote ourselves to basic and fundamental research. This Congress, where clinicians and scientists, specialized in various fields, are brought together with a common scientific interest, will be an event of considerable significance, both from the importance of the matters to be covered and in view of the high international standing of the participants. The scientific discussions, which will be conducted by experts, as well as the human contacts during the congress with colleagues from other parts of the world, will consolidate and enlarge the ties of friendship between scientists of different countries for the greater benefit of science, humanity and peace".

Fig. 21 — Professor Paul Brégeat, President of the XXIInd International Congress of Ophthalmology (Paris, 1974).

Dr. Frank W. Newell added that "the custom which began at the International Congress in London in 1950, of having the delegates of each continent presented by a representative is most appropriate. It emphasizes the international character of ophthalmology and indicates that ophthalmology knows no nationalistic boundaries --- Let us hope too that our meeting together to learn the methods of preventing and curing physical blindness will provide the discernment and wisdom required by nations that they might be freed from the blinding consequences of violence and strife."

There was a meeting of the International Organization against Trachoma with a report on the immunological problems of trachoma and a two days conference on the prevention of impaired vision and blindness.

There were also ten satellite meetings on (1) Physiopathology of the cornea (Paris), (2) Glaucoma (Albi), (3) Ocular microsurgery (Nantes), (4) Immunology and immunopathology of the eye (Strasburg), (5) Laser therapy (Albi), (6) Visual field (Marseille), (7) Gonin Club (La Baule), (8) Ergophthalmology (Bordeaux), (9) Ocular pathology (Toulouse), as well as (10) an international symposium on medical contact lenses (Lyon).

Fig. 22. — Professor Henri Saraux,
Secretary-general of the XXIInd International Congress of Ophthalmology (Paris, 1974).

TWENTY-THIRD CONGRESS, KYOTO, 1978

The twenty-third International Congress of Ophthalmology took place in Kyoto in 1978 (fig. 23). The president was Professor Akira Nakajima (fig. 24), and the secretary general Professor Saiichi Mishima (fig. 25). There were 3.245 delegates from 81 countries and 488 papers were presented. A special postage stamp has been issued to commemorate this twenty-third Congress (fig. 26).

The two official reports were (1) Ocular immunology and immunopathology (generalities by A.M. Silverstein, Baltimore, USA; uveitis by R. Campinchi, E. Bloch-Michel and J.P. Faure, Paris, France; aqueous humor by R. Witmer and A.C. Martenet, Zürich, Switzerland; cornea and lens by W. Böke and K.F. Manthey, Kiel, West Germany), (2) Retinal pigment epighelium (electrophysiology and ultrastructure, by S.E.G. Nilsson, Linköping, Sweden; metabolism, by R.W. Young, Los Angeles, USA; disorders by I. Tsukahara, Kyoto, Japan).

There were several round-tables on (1) Ocular toxicology, (2) Choroidal circulation, (3) Corneal diseases, (4) Optic neuropathy, (5) Pathology of the visual cells, (6) Vitreous surgery and (7) Infections of the eye.

Fig. 23. — Symbol of the XXIIIrd International Congress of Ophthalmology (Kyoto, 1978).

There was a meeting of the International Organization against Trachoma with a report on post-trachomatous degenerations (Prof. Cornand, Toulon, and J.S. Diallo, Dakar), as well as an assembly of the International Agency for the Prevention of Blindness and a symposium of the International Study Committee for Teaching and Postgraduate Continuing Education in Ophthalmology.

The opening ceremony was held in the presence of their Imperial Highnesses Crown Prince Akihito and Crown Princess Michiko. As Professor Akira Nakajima said, "Ophthalmology has been brought to Japan first by the Dutch, later by German and other European people after the Meiji restoration. We have learned a great deal of new developments in ophthalmology from the USA and European countries after World War II. In fact, many ophthalmologists who support Japanese ophthalmology now have experience in studying abroad, or attending congresses abroad. We have assimilated what we have learned to make it our own, and add something new to make it useful for the benefit of the eye health of the Japanese people. We are very glad to have the opportunity to show what we have achieved and to exchange scientific thought and experience with our colleagues from overseas. Recent progress in ophthalmology is spectacular, and great achievement has been made in the prevention and treatment of many kinds of eye diseases. Yet there are still many conditions, for which we have no means of prevention or cure."

Fig. 24. — Professor Akira Nakajima,
President of the XXIIIrd International Congress of Ophthalmology (Kyoto, 1978).

In his inaugural address, Jules François said: "Japan, which has done so much for the intelligence of the world, is, for us, the melody of its slow and profound music, the perfume of the cherrytrees in bloom, the splendour of the Kabuki Theatre, the beauty of the inkpaintings and the brilliant colours of the Kano School, the pure suki-ya of Japanese homes with their tea ceremony, the delicate art of flower arrangement, the magic of the exquisite gardens with their brooks and rockeries."

Finally his Imperial Highness Crown Prince Akihito said that "it is only when medical science is freed from the shackles of secrecy, and individual achievements are studied and discussed in public, that science acquires objectivity, and becomes a basis to which new knowledge can be added. This objectivity is important in that it makes certain that large numbers of patients can be diagnosed and treated in the same way. In its long history, the International Congress of Ophthalmology has continuously brought together in public the ophthalmologists of the world to study and discuss their researches in this field. This is a great achievement, for which I wish to express my profoundest appreciation."

Bradley R. Straatsma added that "there is an ever increasing tendency to subspecialization. Subspecialization enhances "what we do" but should not be permitted to fragment the specialty or to interfere with "what we know" about the broad field of ophthalmology".

Fig. 25. — Professor Saichi Mishima,
Secretary-general of the XXIIIrd International Congress of Ophthalmology (Kyoto, 1978).

Dr. B.Z. Nizetic from the WHO stressed the fact that "at a recent WHO meeting attended by many distinguished members of our societies, it was once more emphasized that the right to see should be recognized as an important component of human rights and that all activities aimed at promoting eye health, preventing visual impairment and restoring sight, should be regarded as socially relevant to the public health effort. Control of the world causes of blindness is a reasonable objective for international action. The estimated figure of 40 million blind people in the world today alone indicates the enormous dimensions of the problems facing the health professions."

There were 16 satellite meetings: (1) Visual field, (2) Ophthalmological optics, (3) International contact lens symposium, (4) Glaucoma club, (5) International strabismological association, (6) Myopia, (7) Retina, (8) International society for cornea research, (9) Lacrimal system, (10) Ergophthalmology, (11) Immunology of the eye, (12) Retinoblastoma, (13) Metabolic eye diseases and pediatric ophthalmology, (14) Eye research, (15) Clinical electrophysiology of vision, (16) International society of ophthalmic genetics.

Fig. 26. — Special postage stamp for the XXIIIrd International Congress of Ophthalmology (Kyoto, 1978).

TWENTY-FOURTH CONGRESS, SAN FRANCISCO, 1982 (fig. 27)

The twenty-fourth International Congress of Ophthalmology will be a joint meeting with the American Academy of Ophthalmology and will be held at the end of October 1982 in San Francisco. The president is Prof. A.E. Maumenee (fig. 28) and the secretary general, Dr. Bruce E. Spivey (fig. 29), the president of the American Academy of Ophthalmology being Dr. Marshall M. Parks.

The international congress scientific program comprises twenty scientific sessions, a scientific exhibit, a poster display, and two major symposia. The first major symposium, "Diagnostic Techniques and Genetics" features presentations on electrophysiology (Harold Henkes, Rotterdam), on ultrasonography (Karl Ossoinig, Iowa City), on automation of perimetry and modern methods of subjective examination of the eye (Franz Fankhauser, Bern), on modern analytic genetics and the eye (Irene Maumenee, Baltimore) and multifactorial heredity in ophthalmology (Jules François, Ghent). The second major symposium, "Advances in Surgical Techniques", includes special reports on cornea (José Barraquer, Bogota), on cataract (C. Charleux, Lyon), on vitreous (Robert

Fig. 27. — Symbol of the XXIVth International Congress of Ophthalmology (San Francisco, 1982)

Machemer, Durham) and on glaucoma and the biological aspects of ocular reactions in surgery (Saiichi Mishima, Tokyo). In addition up-to-date reports from several international organizations will be presented. The American Academy Scientific Program provides 22 scientific sessions including numerous planned symposia and numerous instruction courses.

There will be 24 satellite meetings: (1) International perimetric society, (2) Visual optics and physiology, (3) Fluorescein angiography, (4) Metabolic eye diseases, (5) International strabismological association, (6) American association for pediatric ophthalmology and strabismus, (7) International ophthalmic microsurgery study group, (8) International Agency for the Prevention of Blindness, (9) Immunology and immunopathology of the eye, (10) International Cornea Society jointly with the International Society of Refractive Keratoplasty and the Castroviejo Society, (11) Contact Lens Association of Ophthalmologists jointly with the International Contact Lens Council of Ophthalmology, (12) International Society of Clinical Electrophysiology of Vision, (13) Glaucoma Society of the International Congress of Ophthalmology, (14) Ergophthalmology, (15) Myopia, (16) International Society of Genetic Eye Disease and International Society of Pediatric Ophthalmology, (17) Intraocular Implant Club, (18) American Society of Ophthalmic Plastic and Reconstructive Surgery jointly with

Fig. 28. — Professor Edward Maumenee,
President of the XXIVth International Congress of Ophthalmology (San Francisco, 1982).

the International Lacrimal Society and the International Society of Orbital Diseases, (19) Retinoblastoma, (20) Uveitis Society, (21) Ocular microbiology and immunology, (22) International Eye Foundation with the Society of Eye Surgeons, (23) International Society of Geographical Ophthalmology, and (24) Vitrectomy Workshop.

Without doubt the XXIV International Congress in San Francisco will be the largest meeting ever held not only in Ophthalmology, but also in Medicine.

Fig. 29 — Doctor Bruce Spivey
Secretary-general of the XXIVth International Congress of Ophthalmology San Francisco 1982

Already in 1904, Pflüger (Bern) wrote with respect to the international congresses of ophthalmology: "Scientific congresses have been reproached by some people and with reason, for failing to attain their aim — the advancement of science. Firstly, it is alleged that they give up too much time to excursions and pleasure. Secondly, the rapid publication of scientific journals renders the long journey almost superfluous if, at the end of it, one only hears communications which would be far better understood by reading; all the more that the excessive number of papers presented at these congresses almost entirely prevents the possibility of discussion, which is one thing the scientific journal is unable to replace. In fact, it is the interchange of thought in discussion that should be the chief aim and object of these meetings of men cultivating the same science. It is from discussion alone that results the right comprehension not only of things but also of people, and it is by interchange of ideas that the spark is generated which brings us new light."

The value of international congresses is, nevertheless, immense:

1. — On the scientific point of view. As Stewart Duke Elder said, the opportunity to assess the calibre of a man otherwise unknown except through writing, to see personally and discuss new techniques with those who have evolved them, to discover that what may have been accepted as factual or even as sacrosanct can be subjected to criticism, and finally, the provision of an international forum for the wide dissemination of new ideas. It became a tradition for the international congresses of ophthalmology to choose and discuss two main reports on problems of present interest and to sponsor several symposia on the last ophthalmic highlights, which bring together scientists from various disciplines and clinicians from different continents, who will discuss in an informal and limited atmosphere a rapidly developing subject of wide interest.

2. — The social value of the international congresses is equally great. The welding of the world family of ophthalmology into a single unity, the cementing of old friendships and the acquirement of new acquaintanceships, the mutual introduction of the young and the established is, after Stewart Duke Elder, obviously important and irreplaceable.

The international congresses have nevertheless some disadvantages, as they are now organized:

1. — The increasing size of the meetings implies an almost unmanageable mass, wherein all intimacy or discussion possibility tends to be lost. With the increase in practitioners of the specialty and the progressive facility of travelling, this tendency will probably increase. Perhaps a breakdown of a large company into discussion groups, round tables or symposia for those interested in a particular subject has to be recommended and that is what the international congresses are doing at the present time.

2. — The language question has always been a difficulty in our international congresses. The number of "administrative" languages has been reduced to three or four in the interest of the organizing committee to save the great expense of multiple printing. Simultaneous translation is the most practicable answer, but is very expensive. There should be a unique and common scientific language, as Latin used to be in the old times. At the present English might well be chosen.

3. — The number of communications becomes progressively larger, although many of these papers are of slight interest. The printing of the Acta in 2 or 3 volumes becomes consequently an almost unsupportable burden to the organizing committee.

4. — The social occasions of the congresses have reached unnecessary proportions, the more so that most governments are less inclined to finance meetings as ours. On the other hand, the rise of the subscription paid by the delegates may exclude the young ophthalmologists to whom an international congress is most valuable.

PART II

THE INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

The International Council of Ophthalmology was created in 1927. It accepted the responsibility for the conduct of international congresses and served as a permanent link between all ophthalmologists throughout the world in promoting and coordinating the interests of ophthalmology and its services to the community in general.

The International Council met annually either in France, Great-Britain or elsewhere or in the city where an international congress was being held*. It does not promote the study of purely scientific subjects nor enters it into the field of medical politics. Its aim has always been to stimulate, coordinate and integrate the scientific interests of ophthalmology and to promote good fellowship throughout its world constituency.

* The International Council met in Scheveningen (1927), Amsterdam (1929), London (1930), Paris (1931), Paris (1932), Madrid (1933), Paris (1934), London (1935), Paris (1936), Cairo (1937), Paris (1938), London (1939), Paris (1947), London (1948), Paris (1949), London (1950), Paris (1951), Oxford (1952), Paris (1953), Montreal (1954), Paris (1955), Paris (1956), London (1957), Brussels (1958), Paris (1959), London (1960), Paris (1961), New Delhi (1962), Paris (1963), London (1964), Paris (1965), Munich (1966), Paris (1967), Amsterdam (1968), Athens (1969), Mexico (1970), London (1971), Budapest (1972), Ghent (1973), Paris (1974), Lausanne (1975), Hamburg (1976), Hot Springs (Virginia, USA) (1977), Kyoto (1978), Ghent (1979), London (1980), Acapulco (Mexico) (1981), San Francisco (1982)

CONSILIUM OPHTHALMOLOGICUM UNIVERSALE

Since 1958, the members of the International Council of Ophthalmology were:

1958

President: Sir Stewart Duke Elder (London) (fig. 30).
Vice-President: C. Berens (New York).
Secretary General: E. Hartmann (Paris) (fig. 31).
Treasurer: M. Amsler (Lausanne) (fig. 32).

Ex-officio: The president of the International Association for the Prevention of Blindness, A. Franceschetti (Geneva); the president of the International Organization against Trachoma, G.B. Bietti (Rome); the president of the Pan-American Association of Ophthalmology, B.F. Payne (New York); the secretary general of the European Ophthalmological Society, J. François (Ghent); the president of the XVII International Congress, B. Samuels (New York); the president of the XVIII International Congress in Brussels, L. Coppez (Brussels).

Members: M. Alvaro (São Paulo, Brazil), H. Arruga (Barcelona, Spain), J. Charamis (Athens, Greece), Palomino Dena (Mexico), J. Duggan (Bombay, India), Keith Lyle (London, Great-Britain), M. Marshall (Edmonton, Canada), R. Thiel (Frankfurt, West-Germany), H.J.M. Weve (Utrecht, Holland).
Adjunct-secretary: A.C. Copper (Zutphen, Holland).

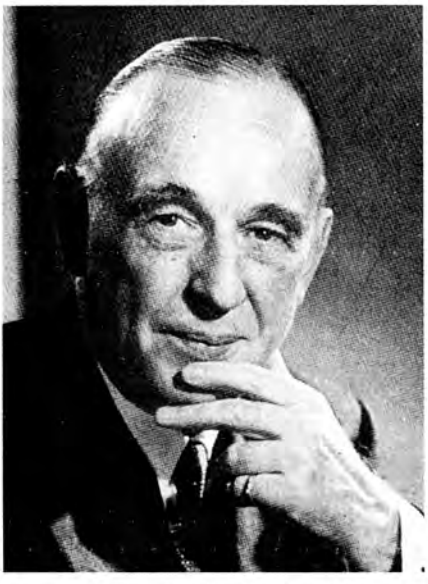

Fig. 30. — Sir Stewart Duke Elder,
President of the International Council of Ophthalmology from 1954 till 1966.

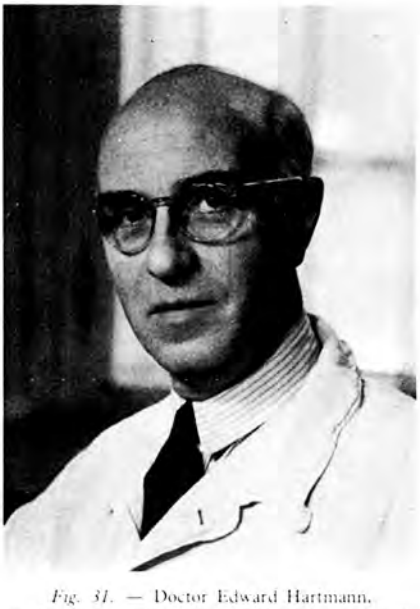

Fig. 31. — Doctor Edward Hartmann,
Secretary-general of the International Council of Ophthalmology from 1954 till 1966.

Fig. 32. — Professor Marc Amsler, Treasurer of the International Council of Ophthalmology from 1951 till 1962.

Fig. 33. — Professor Bernard Streiff,
Treasurer of the International Council of Ophthalmology from 1962 till 1982.

1962

President: Sir Stewart Duke Elder (London) (fig. 30).
Vice-President: C. Berens (New York).
Secretary General: E. Hartmann (Paris) (fig. 31).
Treasurer: B. Streiff (Lausanne) (fig. 33).

Ex-officio: The president of the International Association for the Prevention of Blindness, A. Franceschetti (Geneva); the president of the International Organization against Trachoma, G.B. Bietti (Rome), the president of the Pan-American Association of Ophthalmology, J. Valdeavellano (Chile); the secretary general of the European Ophthalmological Society, J. François (Ghent); the president of the XVIII International Congress, L. Coppez (Brussels); the president of the XIX International Congress in New Delhi, Kiran Sen (Calcutta).

Members: H. Arruga (Barcelona, Spain), F. Palomino Dena (Mexico), T. Keith Lyle (London, Great-Britain), A.E. Mac Donald (Toronto, Canada), W. Melanowski (Warsaw, Poland), H.K. Müller (Bonn, West-Germany), L. Paufique (Lyon, France), M. Uyemura (Tokyo, Japan), Derrick Vail (Chicago, USA).
Adjunct-secretary: A.C. Copper (Zutphen, Holland).

1966

Honorary Life President: Sir Stewart Duke Elder (London) (fig. 30).
President: Derrick Vail (Chicago) (fig. 34).
Vice-President: J. Charamis (Athens).
Secretary-General: J. François (Ghent) (fig. 35).
Treasurer: B. Streiff (Lausanne) (fig. 33).

Ex-officio: The president of the International Association for the Prevention of Blindness, A. Franceschetti (Geneva); the president of the International Organization against Trachoma, G.B. Bietti (Rome), the president of the Pan-American Association of Ophthalmology, J.M. Mac Lean (New York); the secretary general of the European Ophthalmological Society, J. François (Ghent); the past secretary of the Council, E. Hartmann (Paris); the president of the XX International Congress in Munich, H.K. Müller (Bonn).

Members: G. von Bahr (Uppsala, Sweden), J. Böck (Vienna, Austria), J. Casanovas (Barcelona, Spain), A. Mac Donald (Toronto, Canada), W.H. Melanowski (Warsaw, Poland), J. Nordmann (Strasburg, France), D.K. Pischel (San Francisco, USA), L. Sanchez Bulnes (Mexico), G.J. Scott (Edinburgh, Great-Britain), M. Uyemura (Tokyo, Japan).
Adjunct-secretary: A.C. Copper (Zutphen, Holland).

Fig. 34. — Doctor Derrick Vail, President of the International Council of Ophthalmology from 1966 till 1970.

Fig. 35. — Professor Jules François, Secretary-general of the International Council of Ophthalmology from 1962 till 1974 and President of the Council from 1974 till 1982.

1970

Honorary Life President: Sir Stewart Duke Elder (London) (fig. 30).
President: J. Charamis (Athens) (fig. 36).
Vice-President: D.K. Pischel (San Francisco).
Secretary-general: J. François (Ghent) (fig. 35).
Treasurer: B. Streiff (Lausanne) (fig. 33).
Ex-officio: The president of the International Association for the Prevention of Blindness, E. Maumenee (Baltimore); the president of the International Organization against Trachoma, G.B. Bietti (Rome); the president of the Pan-American Association of Ophthalmology, A. Urrets-Zavalia (Cordoba, Argentina); the secretary-general of the European Ophthalmological Society, J. François (Ghent); the past president of the International Council of Ophthalmology, Derrick Vail (Chicago); the past president of the XX International Congress, H.K. Müller (Bonn); the president of the XXI International Congress in Mexico, Puig Solanes (Mexico).
Members: G. von Bahr (Uppsala, Sweden), J. Böck (Vienna, Austria), J. Casanovas (Barcelona, Spain), S.N. Cooper (Bombay, India), G.W. Crock (Melbourne, Australia), J. Nordmann (Strasburg, France), Mrs. M. Radnot (Budapest, Hungary), L. Sanchez Bulnes (Mexico), G.J. Scott (Edinburgh, Great-Britain).
Adjunct-secretary: A.C. Copper (Zutphen, Holland).

Fig. 36. — Professor John Charamis,
President of the International Council of Ophthalmology from 1970 till 1974.

1974

Honorary Life President, Sir Stewart Duke Elder (London) (fig. 30).
President: J. François (Ghent) (fig. 35).
Vice-President: M. Hogan (San Francisco), succeeded in 1977 by G.B. Bietti (Rome).
Secretary-General: A. Dubois-Poulsen (Paris) (fig. 37).
Treasurer: B. Streiff (Lausanne) (fig. 33).
Ex-officio: The president of the International Association for the Prevention of Blindness, G. von Bahr (Uppsala); the president of the International Organization against Trachoma, G.B. Bietti (Rome); the president of the Pan-American Association of Ophthalmology, E. Maumenee (Baltimore); the president of the European Ophthalmological Society, Mrs. M. Radnot (Budapest); the past president of the International Council, J. Charamis (Athens); the past president of the XXI International Congress, Puig Solanes (Mexico); the president of the XXII International Congress in Paris, P. Brégeat (Paris).
Members: S.N. Cooper (Bombay, India), G.W. Crock (Melbourne, Australia), S. Miller (London, Great-Britain), H. Moutinho (Lisboa, Portugal), Mrs. M. Radnot (Budapest, Hungary), H. Rocha (Belo Horizonte, Brazil), H. Sautter (Hamburg, West-Germany), Mrs. S. Vannas (Helsinki, Finland).
Adjunct-secretary: A.C. Copper (Zutphen, Holland).

Fig. 37. — Professor André Dubois-Poulsen.
Secretary-general of the International Council of Ophthalmology from 1974 till 1978.

1978

President: J. François (Ghent) (fig. 35).
Vice-President: A.E. Maumenee (Baltimore).
Secretary-General: A. Dubois-Poulsen (Paris) (fig. 37).
Treasurer: B. Streiff (Lausanne) (fig. 33).

Ex-officio: The vice-president of the International Agency for the Prevention of Blindness, G. von Bahr (Uppsala); the executive director of the Pan-American Association of Ophthalmology, B.F. Boyd (Panama); the president of the European Ophthalmological Society, J. François (Ghent); the past president of the XXII International Congress, P. Brégeat (Paris); the president of the XXIII International Congress in Kyoto, A. Nakajima (Tokyo).

Members: J.S. Diallo (Dakar, Senegal), T. Krwawicz (Lublin, Poland), M.H. Luntz (Johannesburg, South Africa), S.J.H. Miller (London, Great-Britain), H. Moutinho (Lisbon, Portugal), F.W. Newell (Chicago, USA), H. Rocha (Belo Horizonte, Brazil), H. Sautter (Hamburg, West Germany), Mrs. S. Vannas (Helsinki, Finland).
Adjunct-secretary: A.F. Deutman (Nijmegen, The Netherlands).

1982

President: J. François (Ghent) (fig. 35).
Vice-President: E. Maumenee (Baltimore).
Secretary-General: A. Deutman (Nijmegen) (fig. 38).
Treasurer: B. Streiff (Lausanne) (fig. 33).

Ex-officio: The representative of the Academia Ophthalmologica Internationalis, E. Grom (Caracas); the vice-president of the International Agency for the Prevention of Blindness, Barrie R. Jones (London); the executive director of the Pan-American Association of Ophthalmology, B. Boyd (Panama); the president of the European Ophthalmological Society, R. Sachsenweger (Leipzig); the past secretary general of the International Council, A. Dubois-Poulsen (Paris); the past president of the XXIII International Congress, A. Nakajima (Tokyo); the president of the XXIV International Congress in San Francisco, E. Maumenee (Baltimore).

Members: P.L. Agarwal (New Delhi, India), J. Diallo (Dakar, Senegal), J. Hudson (London, Great-Britain), T. Krwawicz (Lublin, Poland), M. Luntz (New York, USA), E. Malbran (Buenos Aires, Argentina), F. Newell (Chicago, USA), M. Mohyi El Din Said (Alexandria, Egypt), H. Saraux (Paris, France), W. Straub (Marburg, West Germany).

Fig. 38. — Professor August Deutman.
Secretary-general of the International Council of Ophthalmology since 1978

ACTIVITIES OF THE INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

I. — THE INDEX OPHTHALMOLOGICUS

In 1950, the International Council decided to publish a comprehensive International Directory, including the names and addresses of ophthalmologists, as well as a list of ophthalmic hospitals, societies, journals and institutions for the education of the blind in the different countries of the world. Therefore, A.C. Copper (Holland) was appointed as adjunct-secretary. In 1978, he was replaced by A.F. Deutman (Holland).

The first volume appeared at the occasion of the XVIIth Congress (1954), but the total sales amounted to only 482 copies, so that the International Council decided that its price will be included in the subscription to the Congress ($ 2.-). The second edition appeared in 1958, the third in 1966 and the last one in 1974*. This last edition had 688 pages and mentioned the members of all the Federated Societies (54). The next edition will appear in 1986.

I think that the Index Ophthalmologicus is really valuable, as it is the only source to find the addresses of the ophthalmologists in any country throughout the world. Moreover, it constitutes a kind of link between the members of the ophthalmological family. It is nevertheless a matter of fact that many addresses change rapidly, so that the Index is never completely up-to-date.

II. THE INTERNATIONAL DICTIONARY OF OPHTHALMOLOGICAL TERMS

In 1951, a dictionary, containing technical words used in ophthalmology, was published** in six languages: English (Stewart Duke Elder, London), German and French (Marc Amsler, Lausanne), Spanish (M. Alvaro, São Paulo and H. Arruga, Barcelona), Italian and Latin (G.B. Bietti, Rome).

* Publisher: M. Nijhoff, The Hague, Holland.
** Publisher: S. Karger, Basel, Switzerland.

III. INTERNATIONAL OPHTHALMOLOGICAL STANDARDS

The International Council set about the formidable task of formulating international standards on a comprehensive scale and applicable in any country, allocating each subject to a specially appointed commission. Till now the tendency was, nevertheless, for every one, individually and nationally, to continue to follow the old practice, no matter what the International Council advises and this is very disappointing.

The subjects involved were the following:

1. — In 1950*, the standardization of **visual acuity testing** was accepted. Optotypes graded on the decimal system were adopted as the standard notation. In 1954, tables of transcription from the decimal system to the other systems in common use were issued, so that any of them could be easily reconciled.

2. — In 1950*, also the standardization of the **notation of the axes of astigmatism** was adopted (fig. 39).

3. — Still in 1950*, the standardization of the **notation of the visual field** was formally codified.

* Acta of XVI Conc. Ophthal. Britannia, I, XVII-XXI, 1950.

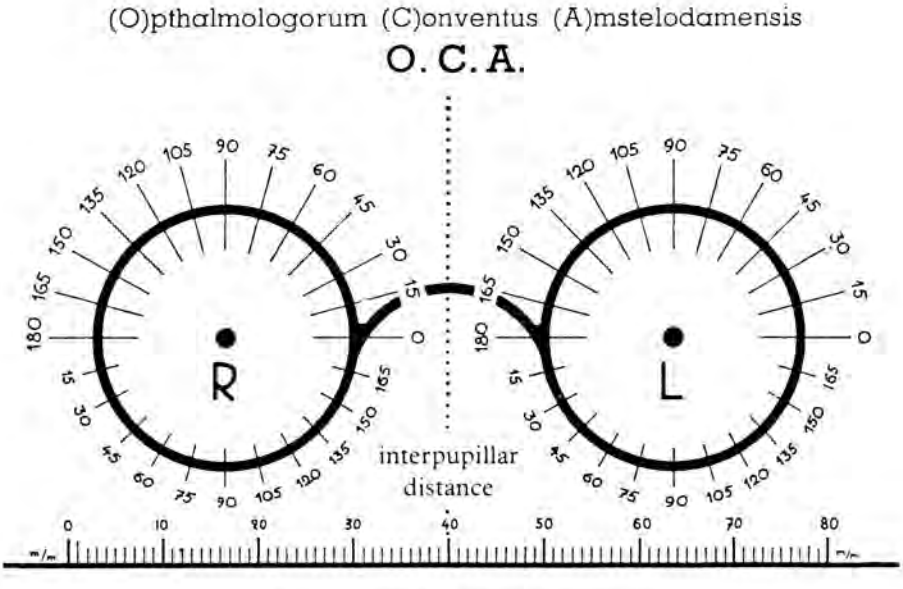

Fig. 39. — Notation of the axes of astigmatism.

4. — Still in 1950*, the standardization of the **visual requirements of transport operatives** was largely agreed. This included standards for the visual acuity, the visual field and colour vision for railwaymen, seamen and motorists, both public and private.

5. — In 1954**, the Council recommended a codification of the **spectacle correction allowable to candidates for employment in public transport.** Ishihara's isochromatic tables were recommended for the **testing of colour vision.**

6. — In 1974, a committee, comprising E. Weigelin (Bonn), chairman, H. Goldmann (Bern), Jackson (Australia), K. Jessens (Berlin), P. Kronfeld (Chicago), Mahneke (Copenhague) and H.K. Müller (Bonn) presented an international standardization of tonometers***. Afterwards Weigelin resigned as chairman and was replaced by R.A. Moses (USA). The International Council of Ophthalmology asked the ophthalmological societies to designate a representative, who could attend the standardization committee meeting. Thirty-five countries appointed a representative who had to take the responsibility of applying the standardization in his own country.

7. — A report on the medical aspects of **automotive safety** and **driver's criteria,** written by G.B. Bietti (Rome), S. Miller (London) and H. Sautter (Hamburg), was presented in 1970 and published in 1974****. The regulations for automobile driving as set up by the American Medical Association in the Archives of Ophthalmology (**81,** 865, 1969) were compared with the regulations in Europe.

8. — The standardization of **traffic signalization** and the **visual criteria for sea, air and land transportation** were presented by G.B. Bietti (Rome), M.J. Hogan (San Francisco) and S. Miller (London) and published in 1974*****.

9. — The standardization of the **invalidity's rates** was presented by L. Guillaumat (Paris) and H. Moutinho (Lisboa)******.

10. — The standardization of the **examination of the visual functions** (Units to be used, colour vision, visual acuity) was presented by A. Dubois-Poulsen (Paris)*******.

11. — A report on the **education and rehabilitation of patients with impaired vision** was presented by G. von Bahr, chairman, G. Fonda (Short Hills, N.J., USA), A. Linksz (New York), H.J. Merté (Munich), H. Skydsgaard (Copenhague) and P. Vancea (Bucarest)********.

* Acta of XVI Conc. Ophthal., Britannia, **I**, XVII-XXI, 1950.
** Acta of XVII Conc. Ophthal., Canada, United States of America, **I**, XXV-XXVI, 1954.
*** Acta of XXII Conc. Ophthal., Paris, **I**, 44-60, 1974.
**** Acta of XXII Conc. Ophthal., Paris, **I**, 60-63, 1974.
***** Acta of XXII Conc. Ophthal., Paris, **I**, 63-68, 1974.
****** Acta of XXII Conc. Ophthal., Paris, **I**, 68-78, 1974.
******* Acta of XXII Conc. Ophthal., Paris, **I**, 78-93, 1974.
******** Acta of XXII Conc. Ophthal., Paris, **I**, 93-96, 1974.

12. — A standardization of perimetry was prepared by a committee of which J.M. Enoch (USA) was the chairman (see publications of the International Council of Ophthalmology, see below).

13. — A standardization of visual electrophysiology was prepared by a committee of which H. Van der Tweel (Amsterdam) was the chairman (see publications of the International Council of Ophthalmology, see below).

14. — The International Council recommended **colour labels for ophthalmic drugs:** green for miotics, red for mydriatics, yellow for anesthetics, blue for antibiotics and brown for corticosteroids.

15. — Dr. L. Zimmerman (Bethesda) agreed to write in collaboration with N. Ashton (London) a **clinical classification of the eye tumours** for the International Union against Cancer. They had already worked out an histological classification of eye tumours for the WHO.

16. — A standardization of the **terminology of uveitis** is in progress (E. Bloch-Michel, Paris, and G.R. O'Connor, San Francisco).

PUBLICATIONS OF THE INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

1. — Index Ophthalmologicus is an International Directory, which was published in 1954, 1958, 1966 and 1974*.

2. — International Dictionary of Ophthalmological Terms, published in 1951**.

3. — A Coding System of Eye Disorders, prepared by Mrs. Schappert-Kimmijser, Dr. Franken and Dr. A. Colenbrander, The Netherlands, was published in 1968***.

4. — A Perimetric Standards and Perimetric Glossary****, prepared by J.M. Enoch (USA), E. Aulhorn (West Germany), A. Dubois-Poulsen (France), F. Fankhauser (Switzerland), A. Friedmann (Great-Britain), E. Greve (The Netherlands), H. Harms (West Germany) and G. Verriest (Belgium).

5. — A standardization of Instrumentation and Procedures in Visual Electrophysiology*****, prepared by H. Van der Tweel (The Netherlands), R. Carr (USA), K.A. Hellner (West Germany), T. Lawwill (USA), G.H.M. Van Lith (The Netherlands) and Y. Tazawa (Japan).

* M. Nijhoff, The Hague, Holland.
** S. Karger, Basel, Switzerland, 1968.
*** S. Karger, Basel, Switzerland, 1968.
**** Dr. W. Junk, Publishers, The Hague, Holland, 1979.
***** Documenta Ophthalmologica, Dr. W. Junk, Publishers, The Hague, Holland, May 1981 (pp. 1-11).

IV. THE PROTECTION OF THE INDIVIDUAL

The protection of those persecuted through no fault of their own is an indisputable duty, but is a question of extreme delicacy, as the International Council has not to interfere in the politics of any country. But in view of the fact that its essential aim is to promote the scientific advancement of ophthalmology, it must have a care for those of its family, who have devoted themselves to science and find themselves deprived of the possibility to serve ophthalmology owing to circumstances outside their control. On the other hand, it might be expected that an international scientific body of high standing may carry considerable weight in influencing public and governmental opinion.
The need for such interventions has existed, for example, before and during world-war II. The Council intervened successfully for Wessely (Munich), Von Szily (Münster i. W.) and Lauber (Warsaw). It is to be hoped that this need will never again arise. If it does, it is equally to be hoped that the International Council of Ophthalmology will exercise the same attitude of alertness and dignified impartiality in the protection of those of its children, who through no fault of their own become the victims of prejudice.

V. INTERNATIONAL STUDY COMMITTEE ON TEACHING AND CONTINUING EDUCATION IN OPHTHALMOLOGY

The ophthalmological education has always been a concern of the International Council, particularly with a view to encourage some degree of uniformity throughout the world and to stimulate those countries where in facilities were poor or lacking. Already in 1954, M. Alvaro (São Paulo) presented a report on the study of the organization of ophthalmological teaching and educative facilities in ophthalmology, both in the general medical curriculum and for specialists after qualification.
In 1974, the International Council appointed an International Study Committee on Teaching and Continuing Education in Opthalmology, of which H. Miller (Paris) was the active co-chairman from the beginning. The ex-officio President was the President of the International Council of Ophthalmology. Other members of the committee were B. Boyd (Panama), P. Brégeat (Paris), A. Bronner (Strasburg), G.W. Crock (Melbourne), A. Dubois-Poulsen (Paris), J. François (Ghent), B. Jones (London), M. Luntz (New York), G. Mackensen (Freiburg i. B.), E. Maumenee (Baltimore), A. Nakajima (Tokyo), Regnault (Paris), H. Rocha (Belo Horizonte), B. Straatsma (Los Angeles) and Mrs. S. Vannas (Helsinki), B. Nizetic being the representative of the WHO. In 1979, E. Grom (Caracas) and M. Luntz (New York) joined H. Miller (Paris) as co-chairmen.
The aim of the committee is to help harmonizing the methods and modern means of teaching as well as to promote an exchange between nations. At the present time it is indeed of prime necessity for the ophthalmologists all along their career to improve their knowledge and enhance their therapeutic efficiency for the benefit of their patients.

In order to contribute to this aim, the committee shall endeavour: (1) to collect data from every country concerning the legal and administrative regulations as well as the university and non-university educational systems; (2) to satisfy the inquiries received with every possible information; (3) to suggest solutions or give advice if needed, i.e., when the presence of gaps in such systems is established; (4) to hold a comparative check list of the subject taught; (5) to develop the exchange of ophthalmologists and lecturers between nations in order to promote an international teaching; (6) to facilitate and provide residences for ophthalmologists in foreign countries.

The International Study Committee on Teaching organizes a symposium at each International Congress of Ophthalmology and had already a meeting in Paris (1974) and Kyoto (1978) and will have one in San Francisco (1982).

It made a list of all the educational, technical and surgical ophthalmic films available at the present as well as a list of the ophthalmological departments accepting resident exchanges.

It sent questionnaires to investigate the available opportunities for ophthalmologists in training to undertake a part of that training in a teaching institution of a foreign country and to investigate the requirements for and the conditions of training for ophthalmologists in different countries on a worldwide basis. Till now replies from 34 countries were received.

The committee thought it should be possible, if these programs showed some similarity, to formulate an "average" teaching program acceptable to most countries. If such an "average" training program could be established, it would serve as a reference for new programs and make it easier to interchange ophthalmologists during their training period. The committee was nevertheless not successful in this endeavour as programs vary too much.

The committee stressed the fact that it is indispensable to teach ophthalmology to students in Medicine, to stimulate research in ophthalmology and to include epidemiology, public health ophthalmology, social ophthalmology and ergophthalmology in the post-graduate teaching of the specialty.

The "Secretariat of the International Study Committee on Teaching and Continuing Education in Ophthalmology under the sponsorship of the International Council of Ophthalmology", conducted by Prof. Edward Grom, Prof. Maurice Luntz and Prof. Henri Miller, is based at the Department of Ophthalmology, Beth Israel Medical Center, New York, N.Y. 10003, USA. The Secretariat carries on file information regarding the availability of temporary teaching posts for ophthalmologists in training who desire to gain experience and teaching during their training outside their own country. The information available includes: (1) Institutions in different countries that are willing to accept trainees from another country for limited periods of time; (2) The individuals that should be corresponded with at these institutions; (3) The availability or non-availability of accommodation and stipend; (4) Language, visa and licensing requirements.

VI. COMMITTEE ON INFORMATION

In 1968, the International Council appointed a committee on information with J. Nordmann (Strasburg) as chairman, B. Streiff (Lausanne), J.F. Cuendet (Lausanne) and J.P. Schellhorn (Lausanne) as members. In 1970, A. Colenbrander (San Francisco), who became the secretary, Bruce Spivey (San Francisco), E. Weigelin (Bonn) and G.W. Weinstein (San Antonio), joined this committee. At the present, A. Colenbrander is the chairman and displays a great activity.

Since 1970, this committee has worked closely with the WHO and Dr. K. Kupka to achieve such a coding system of ocular disorders that would be coordinated with the International Classification of Diseases (ICD) of the WHO*. At the 9th Revision Conference on the International Classification of Diseases, held in Geneva in October 1975, the proposals of the committee on information were accepted thanks to the efforts of Dr. A. Colenbrander, and are now an official part of the 9th Revision of ICD. The classification of eye disorders, which has been published in 1977, is mandatory for international reporting throughout the world, since January 1, 1979 and for 10 years.

A classification of visual performance and definitions of visual impairment, visual disability and visual handicap are available since 1978. The standardization of visual acuity measurement is in progress**. All the data are available in Dr. August Colenbrander's office, Pacific Medical Center, P.O. Box 7999, San Francisco (Ca. 94120) USA.

VII. INTERNATIONAL GLAUCOMA COMMITTEE

The International Council appointed a committee on the early detection of glaucoma (glaucoma screening), consisting of W. Leydhecker (Würzburg), President, M. Armaly (Washington), E. Linnér (Göteborg), E.S. Perkins (Iowa City) and Th. Schmidt (Bern), members. This committee presented a report at the XXII International Congress of Ophthalmology in Paris (1974)*** and concluded that efficient screening methods should include tonometry, ophthalmoscopy and visual field examination.

The committee was not very efficacious, because it was difficult to have a full meeting of all the members and because their opinions were very different. Therefore, it was suggested to create an international glaucoma club which should meet every four years at the occasion of the International Congress of Ophthalmology and which could discuss the practical and clinical advances in glaucoma detection and treatment.

* See Acta XXII Conc. Ophthal., Paris, I, 57-59, 1974.

** See Acta XXIII Conc. Ophthal., Kyoto, I, 69-74, 1978.

*** Acta XXII Conc. Ophthal. Paris, I, 96-97, 1974.

VIII. VISUAL FUNCTION COMMITTEE

In 1980, the International Council received from the International Perimetric Society (IPS) the following resolution:
"Whereas there are currently a number of societies studying the various visual functions and whereas all visual functions are closely related and their study would benefit from co-operation between these societies:
Be it resolved that the IPS recommend to the Concilium Ophthalmologicum Universale that it creates a visual function committee which should attempt to negotiate affiliation with these independent societies and undertake such activities which will voluntarily bring these societies closer together in order to stimulate knowledge in basic and applied visual sensory physiology."
The International Council established a "Visual Function Committee" with the purpose to present to the International Council and to other international or national organizations reports concerning the definition and the standardization (1) of the terms relating to visual functions in man, (2) of the methods of examination of these functions, (3) of the population norms of the results of these methods of examination, and (4) of the appraisal of the visual functions for ophthalmological diagnosis and ergonomic purposes.
For fulfilling this purpose the committee is expected to contact all relevant individuals, departments, organisms and especially the societies studying the various visual functions.
The existing societies are the International Perimetric Society, the International Research Group on Color Vision Deficiencies, the International Society for Clinical Electrophysiology of Vision, and the French Society of Visual Exploration. The Visual Function Committee may attempt to negotiate affiliation with these independent societies and undertake such activities, which will voluntarily bring these societies closer together in order to stimulate knowledge in basic and applied visual sensory physiology. The Visual Function Committee needs also experts in binocular vision, visual acuity, light and dark adaptation, fusion frequencies and ergonomy.
The following experts have been nominated: St. Drance (Vancouver, Canada) and J. Enoch (Gainesville, USA) for perimetry, R. Reinecke (Albany, USA) and G. von Noorden (Houston, USA) for binocular vision, J. Pokorni-Smith (Chicago, USA) and G. Verriest (Ghent, Belgium) for colour vision, L.H. Van der Tweel (Amsterdam, The Netherlands) for electrophysiology, A. Colenbrander (San Francisco, USA) and H. Matsuo (Tokyo, Japan) for visual acuity, E. Aulhorn (Tübingen, West Germany) for dark and light adaptation, J.J. Meyer (Geneva, Switzerland) for fusion frequencies and ergonomy, F. Fankhauser (Bern, Switzerland) and S. Awaya (Nagoya, Japan).

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In addition to these activities, the International Council sponsored several societies. Mindful of the fact that one of its functions was to amplify and coordinate the work of national organizations in their service to the community, it turned its attention to the correlation of international activities against the two most pressing social problems, which concerned ophthalmology - blindness and trachoma. The Council therefore sponsored in 1929 the creation of two daughter societies, the International Association for the Prevention of Blindness and the International Organization against Trachoma.

1. — The International Association for the Prevention of Blindness.

This association met annually, usually on the occasion of an international congress, to discuss the causes, the prevention and the epidemiology of blindness throughout the world. In 1938, it began the publication of a bi-annual journal, the Journal of Social Ophthalmology, which ceased to appear in 1973.

The first president was Paul Bailliart (1929-1954). In 1955, A. Franceschetti (Geneva) became president (fig. 40), and in 1968, G. von Bahr (Uppsala) (fig. 41). At the Paris Congress in 1974, Prof. von Bahr stated that the Association has been

Fig. 40. — Professor A. Franceschetti,
President of the International Association for the Prevention of Blindness from 1955 till 1968.

inefficacious because of lack of financial aids. Therefore, it was proposed that Sir John Wilson (London) (fig. 42), director of the Royal Commonwealth Society for the Blind, should become the president of the Association as he is willing to support the latter in bringing his financial and organisatory help. The Vice-President should be ex-officio an ophthalmologist and the representative of the Association at the International Council. These proposals were accepted by the International Council and the Association became the **International Agency for the Prevention of Blindness,** which is also sponsored by the Welfare of the Blind.

At the present, the president of the International Agency for the Prevention of Blindness is Sir John Wilson (Great-Britain) (fig. 42), the vice-presidents are B. Jones (Great-Britain), W.J. Holmes (USA) and Col. Boris Zimin (USSR), and the treasurer W.S. Hunter (Canada).

The representatives of the International Council of Ophthalmology are J. François, president of the International Council of Ophthalmology, V. Clemmesen (Copenhague), Barrie Jones (London), W.S. Hunter (Canada) and A. Nakajima (Tokyo). The alternates are P.L. Agarwal (New-Delhi), B. Boyd (Panama), G.W. Crock (Melbourne), Karl Kupfer (Bethesda) and E. Maumenee (Baltimore).

Fig. 41. — Professor Gunnar von Bahr,
President of the International Association for the Prevention of Blindness from 1968 till 1974.

In collaboration with the WHO, the Agency determined the four major world blinding diseases as being trachoma, onchocerciasis, xerophthalmia and cataract. Possible regional priorities are glaucoma, trauma, leprosy, measles and microbial corneal ulcerations.

The Agency obtained grants especially from the Royal Commonwealth Society for the Blind (Great-Britain), Christoffel Blindenmission (West Germany), Canadian National Institute for the Blind (Canada) and Helen Keller International (USA).

At the present there are at least 56 national associations for the prevention of blindness in all parts of the world.

The Agency, which held a general assembly in Oxford in 1978, published "World Blindness and its Prevention" (Oxford University Press, 1980, pp. 90) and sponsored the publication of an annual book "Vision", of which A. Lim (Singapore) is the editor-in-chief.

At present, the members of the executive board are: President: Sir John Wilson (Haywards Health, Great-Britain), vice-presidents: Barrie R. Jones (London, Great-Britain), William J. Holmes (Honolulu, USA) and Col. Boris

Fig. 42. — Sir John Wilson, President of the International Association for the Prevention of Blindness since 1974.

Zimin (Moscow, USSR), treasurer: William S. Hunter (Toronto, Canada), Registrar: Vigo Clemmesen (Copenhague, Denmark), members: S. Ahuja (Bombay, India), A.M. Al-Ghanim (Riyadh, Saudi-Arabia), G. von Bahr (Knivsta, Sweden), Mrs. P.E. Bath (Los Angeles, USA), Mrs. V. Boyce (New York, USA), B.F. Boyd (Panama), E.T. Boulter (Middlesex, Great-Britain), J.C. Colligan (Northwood, Great-Britain), Miss A. Connell (Rockley, Barbados W'I), F. Contreras (Lima, Peru), G. Coscas (Paris, France), J. Costello (New York, USA), G.W. Crock (Melbourne, Australia), C.R. Dawson (San Francisco, USA), L. Ferguson (Aukland, New-Zealand), J. François (Ghent, Belgium), Mrs. D. (de) Gouvea Nowill (São Paulo, Brazil), D.A. Henderson (Baltimore, USA), S.J. Hennighausen (Toronto, Canada), M. Irwin (New York, USA), S. Kamel (Cairo, Egypt), H. King Jr. (Bethesda, USA), T.H. Kirmani (Karachi, Pakistan), C. Kupfer (Bethesda, USA), A.S.M. Lim (Singapore), A.E. Maumenee (Baltimore, USA), Mrs. E. Molina de Stahl (Guatemala), A. Nakajima (Tokyo, Japan), R. Pararajasegaram (Colombo, Sri Lanka), Mrs. S. Pettiss (New York, USA), Mrs. A. Pirie (Oxford, Great-Britain), C.O. Quarcoopome (Legon, Ghana), I.F. Robertson (Sydney, Australia), F. Shah (Karachi, Pakistan), D.K. Singh (Kuala Lumpur, Malaysia), P. Siva Reddy (Hyderbad, India), Saedarsono (Jakarta, Indonesia), A. Sommer (Baltimore, USA), W. Stein (Bensheim, DBR), E. Wager (Kassel, DBR), Lady Wilson (Haywards Health, Great-Britain).

Fig. 43. — Professor Giambattista Bietti.
President of the International Organization against Trachoma from 1954 till 1977
Drawing by Karoly Antal

2. — The International Organization against Trachoma.

The "Ligue contre le trachome" was founded in 1923 at the Pasteur Institute in Paris, with Charles Nicolle as first president. In 1924, the "Revue Internationale du Trachome" was founded by Victor Morax (Paris) as the official journal of the "Ligue". It became bilingual and still appears 2 or 4 times a year. In 1927, the "Ligue" made the first world investigation on the incidence of trachoma. In 1930, at Geneva, the "International Organization against Trachoma" was formally inaugurated under the presidency of de Grosz (Budapest) with Wibaut (Amsterdam) as secretary. The International Organization had always the most intimate relation with the "Ligue contre le Trachome", of which Prof. R. Nataf (Tunis) became the president.

Since the beginning, the International Organization has been very much alive under the successive presidencies of de Grosz (1929-1935), Mac Callan (1935-1954), G.B. Bietti (1954-1977) (fig 43), and G. Coscas (1977-) (fig. 44). It was in close relation with the International Association for the Prevention of Blindness. First, both organizations had an ex-officio seat at the International Council of Ophthalmology. Since 1978, there is only one seat for both.

Fig. 44. — Professor Gabriel Coscas, President of the International Organization against Trachoma since 1977.

The International Organization against Trachoma meets every two years at the occasion of the International Congress of Ophthalmology and of the Congress of the European Ophthalmological Society. At each meeting an important report on one or other trachoma problem is presented.

The International Organization against Trachoma, which is a non-governmental member of the WHO, has as object to promote research and advances into the aetiology, the diagnosis, the epidemiology, the prophylaxis and the treatment of trachoma as well as to collaborate into public Health Ophthalmology.

At the present time, the executive committee of the Organization is composed as follows: President: G. Coscas (Paris), first vice-president: P. Thygeson (San Francisco), vice-presidents: R. Nataf (Paris), Y. Mitsui (Tokushima, Japan), A.M. Soliman (Cairo, Egypt), B. Jones (London), secretary: T. Daghfous (Tunis), treasurer: R. Pagès (Châtellerault, France), members: M. Aouchiche (Alger), Ch. Dawson (San Francisco), O. Litricin (Belgrade), M.E. Said (Alexandria), H. Ryan (Melbourne), J. Graham Scott (Sandton, South Africa).

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Afterwards the International Council encouraged regional groupings, which brought together ophthalmologists of a more restricted area and of a common cultural heritage, so that those now working in relative isolation may meet together more freely and be eventually integrated into a single world-wide community. The Council sponsored also several scientific societies devoted to one or other subspecialty in ophthalmology. At the present, besides (1) the International Agency for the Prevention of Blindness and (2) the International Organization against Trachoma, the following societies are sponsored by the International Council of Ophthalmology: (3) Pan-American Association of Ophthalmology, (4) European Ophthalmological Society, (5) Pan-Balkanic Ophthalmological Society, (6) Afro-Asian Congress of Ophthalmology, (7) Asia-Pasific Academy of Ophthalmology, (8) International Research Group on Color Vision Deficiencies, (9) International Society of Geographic Ophthalmology, (10) International Society for Ergophthalmology, (11) International Contact Lens Council of Ophthalmology, (12) International Eye Foundation, (13) International Perimetric Society, (14) International Glaucoma Committee, (15) International Society for Clinical Electrophysiology of vision, (16) International Uveitis Study Group, (17) International Fluorophotometric Society, (18) Academia Ophthalmologica Internationalis.

3. — The Pan-American Association of Ophthalmology.

In 1940, a dynamic and vital organization was created to stimulate academic and practical ophthalmology in South and Central America. The first meeting was held in 1940 in Cleveland, Ohio, USA, the other meetings being in Montevideo, Uruguay (1945), Havana, Cuba (1948), Mexico, D.F. (1956), Santiago, Chile (1956), Caracas, Venezuela (1960), Lima, Peru (1962), Montreal, Canada (1964), Rio de Janeiro, Brazil (1965), Mar del Plata, Argentina (1968), Bogota, Colombia (1971), Houston, Texas (1972), San Juan, Puerto Rico (1975), Santiago, Chile (1977), Miami, Florida, USA (1979), Acapulco, Mexico (1981), the next congress being in Lima, Peru (1983).

In 1947, the International Council suggested that the Pan-American Congresses, hitherto planned to meet every three years, should be held at four-yearly intervals, alternating with the International Congresses of Ophthalmology. An agreement reached in 1949. But, since 1975, there is a major congress every two years.

In order to foster reciprocity between the two bodies and to promote their mutual interests in a world pattern, the president of the Pan-American Association was given in 1954 a seat on the International Council, which, since 1978, is occupied

Fig. 45. — Professor Benjamin Boyd, Executive Director of the Pan-American Association of Ophthalmology.

by the Executive Director of the Association, Benjamin Boyd (Panama), who is really the promotor and the mainspring of the Association (fig. 45).

At the present, the president is F. Newell (Chicago, USA), the vice-president R. Troutman (New York, USA), the executive director B. Boyd (Panama), the secretary for the North H.D. Hoskins Jr. (Tiburon, USA), the secretary for the South, F. Contreras (Lima, Peru), the assistant secretary for Brazil, R. Belfort-Mattos (São Paulo). There are honorary delegates: H. Escapini (El Salvador), A.G. Nieto (Colombia), J.W. Mc Kinney (USA) and L. Sanchez Bulnes (Mexico). There are delegates from Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Ecuador, El Salvador, Guatemala, Mexico, Panama, Paraguay, Peru, Puerto Rico, Republica Dominicana, USA, Uruguay and Venezuela.

4. — The "Societas Ophthalmologica Latina", established in 1951, transformed itself into an **European Ophthalmological Society** at its meeting in Madrid in 1956. It obtained in 1958 an ex-officio seat at the International Council of Ophthalmology, which is occupied by the president of the society. The first president was Paul Bailliart (Paris), the secretary-general being Jules François (Ghent, Belgium).

The Society meets every four years in one or other European city, alternating with the International Congresses of Ophthalmology. One of the characteristics of the European Congresses is that each of them is devoted to only a single theme: secondary glaucoma in Athens (1960), tumours of the eye and its adnexa in Vienna (1964), occupational and medicative hazards in ophthalmology in Amsterdam (1968), functional examination in ophthalmology in Budapest (1972), blood circulation in the uvea, the retina and the optic nerve (physiology and pathology) in Hamburg (1976), the cornea in health and disease in Brighton (1980).

At the present, the Council of the European Society is composed of: Honorary life-president: J. François (Ghent, Belgium), president: R. Sachsenweger (Leipzig, East-Germany), secretary-general: H. Henkes (Rotterdam, The Netherlands), honorary members: J. Böck (Vienna, Austria), J. Casanovas (Barcelona, Spain), A. Dubois-Poulsen (Paris, France), H. Ehlers (Copenhague, Denmark), A. Hagedoorn (Amsterdam, The Netherlands), T. Krwawics (Lublin, Poland), F.W. Law (London, England), Mrs. M. Radnot (Budapest, Hungary), B. Streiff (Lausanne, Switzerland), T. Thomassen (Oslo, Norway), P. Vancea Sr. (Bucarest, Rumania), J. Vanysek (Brno, Czechoslovakia), G. von Bahr (Uppsala, Sweden), L.E. Werner (Dublin, Ireland), members: A. Arruga (Barcelona, Spain), E. Avetisov (Moscow, USSR), D. Başar (Istanbul, Turkey), T.I. Bertelsen (Bergen, Norway), M. Blagojevic (Beograd, Yugoslavia), G. Cristini

(Bologna, Italy), P. Dwyer-Joyce (Dublin, Ireland), J. Edmund (Copenhague, Denmark), Mrs. P. Follmann (Budapest, Hungary), D.P. Greaves (London, England), R. Klöti (Zürich, Switzerland), N.I. Konstantinov (Sofia, Bulgaria), E. Linnér (Göteborg, Sweden), G. Meyer-Schwickerath (Essen, West-Germany), L. Missotten (Louvain, Belgium), J.A. Oosterhuis (Leiden, The Netherlands), W.J. Orlowski (Poznan, Poland), S. Rehak (Hradec Kralove, Czechoslovakia), J. Ribeiro da Silva (Lisboa, Portugal), H. Saraux (Paris, France), H. Slezak (Vienna, Austria), G.P. Theodossiadis (Athens, Greece), P. Vancea Jr. (Yassy, Rumania), Mrs. S. Vannas (Helsinki, Finland).

5. — The **Pan-Balkanic Ophthalmological Society,** to which belong Bulgaria, Greece, Rumania, Turkey and Yugoslavia, was founded in 1974 and obtained the same year the sponsorship of the International Council of Ophthalmology. It had already three congresses: Athens in 1978, Bucarest in 1980, and Sofia in 1982, the next being in Istanbul (1984). The members of the executive committee are: from Bulgaria: S. Dabov, N. Constantinov, I. Vassilev, P. Vassileva and V. Wassilef; from Greece: A. Bouzas, Mrs. Charamis, G. Georgiades, J. Tsamparlakis, A. Theodorides and P. Velissaropoulos; from Rumania: P. Doina, M. Olteanu, I. Pacurariu, P. Vancea Sr., P. Vancea Jr. and I. Zolog; from Turkey: U. Akkan, B. Artuner, A. Atli, N. Ayberk, D. Başar, T. Başaran, A. Eke, N. Hattat, C. Örgen and A. Papadopoulos; from Yugoslavia: S. Atapi, I. Blagojevic, K. Hodja, J. Janeva and D. Litricina.

6. — The **Afro-Asian Society of Ophthalmology** till now had 7 congresses, successively in Cairo (Egypt, 1958), Tunis (Tunesia, 1960), Istanbul (Turkey, 1964), Beirut (Lebanon, 1968), Tokyo (Japan, 1972), Madras (India, 1976) and Tunis (1980). Nineteen countries from Asia and eleven from Africa are members. At present the officers of the Council are: President: I. Abboud (Cairo, Egypt), first vice-president: Y. Mitsui (Tokyo, Japan), second vice-president: L.P. Agarwal (New-Delhi, India), third vice-president: R. Mabrouk (Tunis), secretary-general: Sabri Kamel (Cairo, Egypt) and treasurer: Amin El-Gamal (Cairo, Egypt).

7. — The **Asia-Pacific Academy of Ophthalmology** was founded by John Holmes (Honolulu). It will promote interest and support for the World Health Organization's programme for Prevention of Blindness. It will also develop a working liaison with the International Agency for the Prevention of Blindness and the International Federation of Ophthalmological Societies as well as with any

relevant United Nations' Agencies. It has at the present time the following country members: Australia, Hong Kong, India, Indonesia, Japan, Malaysia, New Zealand, Pakistan, Philippines, Singapore, Sri-Lanka, Taiwan and Thailand. It covers in fact the Western Pacific Area and the South-East Asian Area.

The Asia-Pacific Academy of Ophthalmology organizes a congress every two or four years. The first congress was held in Manila (1960) and the others in Melbourne (1964), Singapore (1968), Auckland (1972), Colombo (1974), Bali (1976), Karachi (1979) and Bangkok (1981).

At the present, the following are the members of the executive board: Honorary life-president: J. Holmes (Honolulu); president: R. Pararajasegaram (Sri-Lanka); vice-presidents: P. Siva-Reddy (India), J.C.Chang (Hong Kong), Arthur S.M. Lim (Singapore), Keshmahinder Singh (Malaysia), Saiichi Mishima (Japan), I. Constable (Australia); secretary-general: A. Nakajima (Japan); treasurer: Patrick Tong (Hong Kong); regional secretaries: D.B. Chandra (India), Romeo B. Espiritu (Philippines), Jamshed Wania (Pakistan), I.F. Robertson (Australia), S.K. Akmam (Indonesia), Prachak Prachakvej (Thailand), Lim Kuang Hui (Singapore); councillors: Calvin Ring (New Zealand), Samran Wangspa (Thailand), Madan Mohan (India), Romeo V. Fajardo (Philippines), R. Tamin-Radjamin (Indonesia).

8. — The **International Research Group on Color Vision Deficiencies** obtained the sponsorship of the International Council in 1974. At the present, the board of officers are: President, W.D. Wright (London, England), secretary-general, G. Verriest (Ghent, Belgium); secretary for the Western Hemisphere, R. Lakowski (Vancouver, Canada); secretary for the Socialist Countries, Mrs. M. Marré (Dresden, East-Germany); chairman of the committee on standards, Mrs. J. Birch-Cox (London, England), members: P. Grützner (Darmstadt, West-Germany), A. Hedin (Stockholm, Sweden), P. Lanthony (Paris, France), Y. Ohta (Tokyo, Japan), Mrs. V. Pokorny-Smith (Chicago, USA), H. Sperling (Houston, USA), L. Went (Leiden, The Netherlands).

9. — The **International Society of Geographical Ophthalmology** was founded, in 1970, by Mrs. Dr. E. Elizabeth Cass (Fort Smith, Canada), who was the president till her death in 1980. Sponsored by the International Council of Ophthalmology since 1974, the Society has as object to encourage and to promote research into the reasons for the geographical distribution of ocular diseases and

to conduct studies into the causes and distribution of ocular diseases throughout the world.

A scientific meeting is held every two years in various parts of the world: Yellowknife (North West Territories, Canada) in 1970, Jerusalem (Israel) in 1971, Cadiz (Spain) in 1973, Edinburgh (Great-Britain) in 1975, Cagliari (Sardinia, Italy) in 1977, Rio de Janeiro (Brazil) in 1979 and in 1982 Asilomar (California, USA), where the first Elizabeth Cass Memorial Lecture will be given by Dr. Viggo Clemmesen.

At the present, the executive Committee of the International Society of Geographical Ophthalmology comprises the following members: President: Theodore Schlaegel (Indianapolis, USA), vice-president: Alberto Ciancia (Argentina), secretary: Marvin L. Kwitko (Montreal, Canada), treasurer: James P. Ganley (Shreve Port, USA), members: R.S. Bartholomew (Edinburgh, Great-Britain), M.E. Cameron (USA), V. Clemmesen (Naestved, Denmark), L.E. Ferreira (Rio de Janeiro, Brazil), R. Mabrouk (Tunis), A. Nakajima (Tokyo, Japan), O. Olurin (USA), G. Palimeris (Athens, Greece), E. Perkins (Iowa City, USA), E. Weigelin (Bonn, West-Germany). Moreover, there are nineteen local secretaries.

10. — The **International Society of Ergophthalmology,** devoted to industrial and occupational ophthalmology, was founded in 1966 by Prof. H.J. Merté (Munich, West-Germany) and is sponsored by the International Council since 1970. It organizes every two years a symposium at the occasion of the European or of the International Congress of Ophthalmology: Munich in 1966, Amsterdam in 1968, Mexico in 1970, Budapest in 1972; Bordeaux in 1974, Hamburg in 1976, Nagoya in 1978, Brighton in 1980 and San Francisco in 1982. Three World Congresses took place, one in Madrid (1973), another in Stockholm (1977) and a third one in Istanbul (1981).

The proceedings of the symposia and congresses were published by Karger (Basel). Till now, seven volumes, titled "Ergophthalmological Problems", have appeared.

At the present, the members of the executive board of the Society are: Honorary life-president: H.J. Merté (Munich, West-Germany), who was president for 12 years; president: B. Tengroth (Stockholm, Sweden); vice-presidents: A. Dubois-Poulsen (Paris, France), J. François (Ghent, Belgium), P. Vancea (Bucarest, Rumania); general-secretary: P. Roggenkämper (Munich, West-Germany); treasurer: L. Toppel (Munich, West-Germany); councillors: L. Krejči (Praha, Czechoslovakia), G. Migliorino (Palermo, Italy), F. Savić (Beograd, Yugoslavia),

A. Hedin (Stockholm, Sweden); representative for Europe: J. François (Ghent, Belgium); representative for America: R. Belfort Mattos (São Paulo, Brazil); director of publications: E. Gil del Rio (Bilbao, Spain); G. Verriest (Ghent, Belgium). Moreover, there are national representatives from 46 countries.

11. — The **International Contact Lens Council of Ophthalmology,** which assembles all the regional or national societies of ophthalmological contactology, has the following members: Honorary president: Jules François (Ghent, Belgium); president: G. Peter Halberg (New York, USA); vice-presidents: Oliver H. Dabezies Jr. (New Orleans, USA), Saburo Hayano (Gifu, Japan) and Montague Ruben (London, Great-Britain); secretary-general: Hikaru Hamano (Osaka, Japan); treasurer: Hanfried Laue (Munich, West-Germany) and members: Paul Cochet (Paris, France), Hermann Kemmetmüller (Vienna, Austria), Akira Nakajima (Tokyo, Japan), Mrs. Salme Vannas (Helsinki, Finland).

12. — The **International Eye Foundation,** which was created by Dr. John Harry King Jr, is sponsored by the International Council of Ophthalmology since 1978. Dr. J.H. King (Bethesda, USA) is still the senior medical director, Dr. Robert H. Meaders (Bethesda, USA) being the medical director. There are 31 members at the medical advisory board, all from North America. The greatest merit of the International Eye Foundation was to send for long periods many ophthalmologists and nurses with all the necessary instruments and supplies to underdeveloped countries especially in Africa, where they were very active and successful. Moreover, the International Eye Foundation founded the Society of Eye Surgeons, the executive secretary of which is John Harry King Jr. (Bethesda, USA). The consultants of this Society are: J. François (Ghent, Belgium), H. Goldmann (Bern, Switzerland), K. Hruby (Vienna, Austria), K. Lyle (London, England), J.C. Mc Culloch (Toronto, Canada), H.G. Scheie (Philadelphia, USA) and L. Sanchez-Bulnes (Mexico). There is an advisory board of 39 members from all over the world. The International Eye Foundation and the Society of Eye Surgeons held regular meetings since 1964. There was a world congress on the cornea in Washington in 1964 and in 1976. The Society of Eye Surgeons organized world congresses in 1971 (Washington, USA), in 1973 (Athens, Greece), in 1975 (San Salvador, El Salvador) and in 1980 (Nairobi, Kenya). Moreover, there is an annual luncheon meeting at the time and place of the American Academy of Ophthalmology meetings.

13. — The **International Perimetric Society,** which is sponsored by the International Council of Ophthalmology since 1974, has, at the present, the following executive board: President: S.M. Drance (Vancouver, Canada), vice-presidents: E. Aulhorn (Tübingen, West-Germany) and A. Dubois-Poulsen (Paris, France); secretary-general: A. Heijl (Malmö, Sweden); treasurer: A. Friedmann (London, England); members: H. Bynke (Lund, Sweden, chairman of the Neuro-Ophthalmology Group), J. Enoch (San Francisco, USA, chairman of the Standards Group), F. Fankhauser (Bern, Switzerland, chairman of the Automation Group), L. Frisén (Göteborg, Sweden), E.L. Greve (Amsterdam, The Netherlands), E. Hansen (Oslo, Norway, acting co-chairman of the Colour Perimetry Group), J.L. Kellner (Sacramento, USA, chairman of the Visual Loss Subcommittee), H. Kitahara (Tokyo, Japan, acting co-chairman of the Colour Perimetry Group), H. Matsuo (Tokyo, Japan, chairman of the Developmental Methods Group), C.D. Phelps (Iowa City, USA, chairman of the Glaucoma Group), G. Verriest (Ghent, Belgium, chairman of the Ergo-Perimetry Group), M. Zingirian (Genova, Italy, chairman of the standards in Automatic Perimetry Subcommittee).

H. Goldmann (Bern, Switzerland), H. Harms (Tübingen, West-Germany), G.E. Jayle (Marseille, France) and L. Sloan (Baltimore, USA) are honorary members. In 1979, a research group on standards was selected: Chairman, Jay M. Enoch (San Francisco, USA); members: Elfriede Aulhorn (Tübingen, West-Germany), André Dubois-Poulsen (Paris, France), Frank Fankhauser (Bern, Switzerland), Allan Friedmann (London, England), Erik Greve (Amsterdam, The Netherlands), H. Harms (Tübingen, West-Germany) and Guy Verriest (Ghent, Belgium).

The Committee for the perimetric glossary was: Editor: Guy Verriest (Ghent, Belgium); members: Elfriede Aulhorn (Tübingen, West-Germany), Max Eisfeld (Munich, West-Germany), Jay M. Enoch (Gainesville, USA), Frank Fankhauser (Bern, Switzerland), Lars Frisen (Göteborg, Sweden), Erik Greve (Amsterdam, The Netherlands), Alberto Israel (Buenos Aires, Argentina), W. Anna Laszczyk (Poland), Romuald Lakowski (Vancouver, Canada), Mario Maione (Parma, Italy), Marion Marré (Dresden, East-Germany), Harutake Matsuo (Tokyo, Japan), J. Chris Pashley (London, England), Olga Scherbatova (Moscow, USSR) and Virgilio Victoria-Troncoso (Ghent, Belgium).

The perimetric standards and the perimetric glossary were published by the International Council of Ophthalmology in 1979 (Dr. W. Junk, publishers, The Hague, The Netherlands).

14. — The President of the **International Glaucoma Committee,** which was formerly the International Glaucoma Club, is W. Leydhecker (Würzburg,

West-Germany) and its secretary-general is J. Hetherington Jr. (San Francisco, USA). The other members of the executive committee are: A. Bill (Uppsala, Sweden), S.M. Drance (Vancouver, Canada), S. Mishima (Tokyo, Japan) and R. Sampaolesi (Buenos Aires, Argentina). It met for the first time in Nara (Japan) in 1978.

There are honorary members: F.C. Blodi (Iowa City, USA), P.A. Chandler (Boston, USA), J. François (Ghent, Belgium), H. Goldmann (Bern, Switzerland), A.E. Maumenee (Baltimore, USA), K. Sada (Tokyo, Japan), F.W. Newell (Chicago, USA) and B.R. Straatsma (Los Angeles, USA). There are senior members: E. Barany (Uppsala, Sweden), B. Becker (St. Louis, USA), R. Etienne (Lyon, France), H. Harms (Tübingen, West-Germany), E.S. Perkins (Iowa City, USA), R.N. Shaffer (San Francisco, USA), R.J.H. Smith (London, England) and R. Weekers (Liège, Belgium). There are also active members: D.R. Anderson (Miami, USA), M.F. Armaly (Washington, USA), E. Aulhorn (Tübingen, West-Germany), I. Azuma (Osaka, Japan), R.F. Brubaker (Rochester, USA), N. Calixto (Belo Horizonte, Brazil), P.A. de Carvalho (São Paulo, Brazil), C.L. Dake (Amsterdam, The Netherlands), J.T. Ernest (Madison, USA), J. Espildora Couso (Santiago, Chile), J. Gloster (London, England), W.M. Grant (Boston, USA), E.L. Greve (Amsterdam, The Netherlands), S.S. Hayreh (Iowa City, USA), A. Heijl (Malmö, Sweden), K. Heilmann (Munich, West-Germany), J. Herschler (Tucson, USA), R. Hitchings (London, England), H.D. Hoskins (San Francisco, USA), K. Iwata (Niigata, Japan), Y. Kitazawa (Tokyo, Japan), A.E. Kolker (St. Louis, USA), C.E.T. Krakau (Lund, Sweden), M. Krasnov (Moscow, USSR), G.K. Krieglstein (Würzburg, West-Germany), C. Kupfer (Bethesda, USA), L. Laatikainen (Helsinki, Finland), A.M. Laties (Philadelphia, USA), M.E. Langham (Baltimore, USA), P.R. Lichter (Ann Arbor, USA), E. Linnér (Göteborg, Sweden), H. Matsuo (Tokyo, Japan), S. Naga Subramanian (London, England), A.P. Nesterov (Moscow, USSR), C.D. Phelps (Iowa City, USA), S.M. Podos (New York, USA), H.A. Quigly (Baltimore, USA), R. Reca (Buenos Aires, Argentina), K.T. Richardson (Anchorage, USA), J.W. Rohen (Erlangen, West-Germany), M.L. Sears (New Haven, USA), R.J. Simmons (Boston, USA), P. Siva Reddy (Hyderabad, India), G.L. Spaeth (Philadelphia, USA) and A. Tarkkanen (Helsinki, Finland).

The International Glaucoma Committee, which will have a maximum active membership of 40, has to advise and to organize the open meeting of the Glaucoma Society of the International Congress of Ophthalmology. This will be held before each International Congress of Ophthalmology. The Glaucoma Committee, which will have a closed meeting preceding the open meeting of the Glaucoma Society of the International Congress of Ophthalmology, has also the following aims: (1) Establish personal contacts and promote exchanges of view between persons engaged in glaucoma research, (2) Encourage research work on glaucoma and (3) Encourage collaborative study groups on glaucoma.

15. — The **International Society for Clinical Electroretinography,** which, in 1977, became the **International Society for Clinical Electrophysiology of Vision,** obtained the sponsorship of the International Council from its foundation on in 1958. At the present, the board of officers are: President, H. Henkes (Rotterdam, The Netherlands); vice-presidents, J. François (Ghent, Belgium), A. Nakajima (Tokyo, Japan) and S.M. Potts (Louisville, USA); secretary-general and secretary for Europe and Africa, D. Van Norren (De Soesterberg, The Netherlands); secretary for America, T. Lawwill (Kansas City, USA); secretary for Asia and Australia, Y. Tazawa (Morioka, Japan); treasurer, C. Huber (Zürich, Switzerland); treasurer for the Socialist Countries, W. Müller (Berlin, DDR); editor, J.H. Kelsey (London, England); members at large, S.E. Nilsson (Linköping, Sweden); H. Kolder (Iowa City, USA); advisory board members: L.H. Van der Tweel (Amsterdam, The Netherlands), E. Dodt (Bad Nauheim, West-Germany).

16. — The **International Uveitis Study Group,** which is directed by G.R. O'Connor (San Francisco, USA), E. Bloch-Michel (Paris, France), A.C. Martenet (Zürich, Switzerland) and A. Secchi (Padua, Italy) is standardizing the terminology in uveitis.

17. — The **International Fluorophotometric Society** was founded in Paris (1982) and received the sponsorship of the International Council the same year. The president is G. Coscas (Paris), the vice-president D. Maurice (Palo Alto, USA), and the secretary G. Quentel (Paris).

18. — The **Academia Ophthalmologica Internationalis** was founded in 1975. The number of members will never exceed fifty. It is an organization dedicated to the conservation of ethics and tradition of ophthalmology, preservation of its heritage and transmission of its history to coming generations. Ophthalmologists with long careers in teaching and scientific experiences hereby gather together to preserve the highest ideals of ophthalmology and to transmit them to future generations. They must have above all a high standard of morals and ethics and live in accordance with the Code of Ophthalmological Deontology approved by the Academy. At the present, the officers are: Honorary life president: Jules François (Ghent), president: Frank W. Newell (Chicago), first vice-president: Paul Brégeat (Paris), second vice-president: Edward Grom (Caracas), secretary-general: Akira Nakajima (Tokyo) and treasurer: Werther Duque Estrada (Rio de Janeiro).

PART III

THE INTERNATIONAL FEDERATION OF OPHTHALMOLOGICAL SOCIETIES

From the beginning it was realized that a self-appointed body would lack international authority and weight. Therefore, in 1929, a widely-based international organization was created for which the International Council would act as an executive body. The first assembly of the Federation of the National Ophthalmological Societies took place during the Madrid Congress in 1933: delegates of twenty countries met with the members of the Council. The financial basis of this Federation was ensured by subscriptions from each national society (fixed originally at 0,25 Swiss franc per member, it increased to 0,5 Swiss franc in 1950 and since it has not been changed). In 1978, it was decided to call this organization "The International Federation of Ophthalmological Societies" instead of "The Federation of the National Ophthalmological Societies" in order to avoid political involvement and to maintain our independence in regard to the political situation of a given country.

The essential purpose of the International Federation of Ophthalmological Societies is to meet in general assembly at each international congress, to act as the parliament to which the Council is responsible, to suggest tasks for the Council, to approve international measures suggested by the Council and to elect the Council members for the next term of office.

The Federation has nevertheless not been entirely a success and this for several reasons: (1) some countries fail to nominate delegates; (2) many of the delegates, appointed immediately before the congress, do not longer show interest in the international business of the Council and do not keep their society informed of the matters discussed during the assembly.

There are now 75 societies belonging to the International Federation:
Academia Ophthalmologica Internationalis.
Asian-Pacific Academy of Ophthalmology.
Algeria: Société Algérienne d'Ophtalmologie.
Argentina: Consejo Argentino de Oftalmologia.
Sociedad Argentina de Oftalmologia.
Australia: The Australian College of Ophthalmologists.
Austria: Österreichische Ophthalmologische Gesellschaft.
Belgium: Société Belge d'Ophtalmologie.
Birmania: Birmania Ophthalmological Society.
Bolivia: Sociedad Bolivan de Oftalmologia.
Sociedad de Oftalmologia de Cochabamba.
Brazil: Sociedade Brasileira de Oftalmologia.
Sociedade de Oftalmologia de São Paulo.
Bulgaria: Société Bulgare d'Ophtalmologie.
Canada: Canadian Ophthalmological Society.
Canaria Islands: Sociedad Canaria de Oftalmologia.
Chile: Sociedad Chilena de Oftalmologia.
Columbia: Sociedad Columbiana de Oftalmologia.
Cuba: Sociedad Cubana de Oftalmologia.
Cyprus: Cyprus Ophthalmological Society.
Czechoslovakia: Société Tchécoslovaque d'Ophtalmologie.
Denmark: Danish Ophthalmological Society.
East-African Ophthalmological Society.
Ecuador: Asociacion Ecuatoriana de Oftalmologia.
Egypt: Ophthalmological Society of Egypt.
Finland: Ophthalmological Society of Finland.
France: Société Française d'Ophtalmologie.
Great-Britain: Ophthalmological Society of the United Kingdom.
Oxford Ophthalmological Congress.
Greece: Société Hellénique d'Ophtalmologie.
Hong-Kong: Hong-Kong Ophthalmological Society.
Hungary: Société Hongroise d'Ophtalmologie.
India: All India Ophthalmological Society.
Iran: Société Iranienne d'Ophtalmologie.
Iraq: Ophthalmological Society of Iraq.
Ireland: Irish Ophthalmological Society.
Israel: Israel Ophthalmological Society.
Italy: Società Italiana di Oftalmologia.
Ivory Coast: Société Ivoirienne d'Ophtalmologie.
Japan: Japanese Ophthalmological Society.
Jordania: Jordanian Ophthalmological Society.
Lebanon: Lebanese Ophthalmological Society.

Madagascar: Société d'Ophtalmologie de Madagascar.
Mexico: Sociedad Mexicana de Oftalmologia.
Morocco: Société Marocaine d'Ophtalmologie.
(The) Netherlands: Nederlands Oogheelkundig Gezelschap.
New-Zealand: Ophthalmological Society of New-Zealand.
Nigeria: Ophthalmological Society of Nigeria.
Norway: Norsk Oftalmologisk Forening.
Pakistan: Ophthalmological Society of Pakistan.
Peru: Sociedad Peruana de Oftalmologia.
Philippines: Philippine Ophthalmological Society.
Poland: Polish Ophthalmological Society.
Portugal: Sociedade Portuguesa de Oftalmologia.
Sociedade Portuguesa de Oftalmologia Social.
Secçao de Oftalmologia da Sociedade das Ciências Médicas.
Rumania: Section d'Ophtalmologie de la Fédération des Sociétés Scientifiques Médicales.
Senegal: Société d'Ophtalmologie du Sénégal.
Singapore: Ophthalmological Society of Singapore.
Skri-Lanka (Ceylon): Ophthalmological Society of Skri-Lanka.
South Africa: Ophthalmological Society of South Africa.
South Korea: Korean Ophthalmological Society.
Spain: Sociedad Española de Oftalmologia.
Sweden: Swedish Ophthalmological Society.
Switzerland: Société Suisse d'Ophtalmologie.
Syria: Syrian Ophthalmological Society.
Taiwan: Ophthalmological Society of Taiwan.
Thailand: Ophthalmological Society of Thailand.
Tunesia: Société Tunisienne d'Ophtalmologie.
Turkey: Turkish Ophthalmological Society.
United States of America: American Academy of Ophthalmology.
American Ophthalmological Society.
Venezuela: Sociedad Venezolano de Oftalmologia.
West-Germany: Deutsche Ophthalmologische Gesellschaft.
Yugoslavia: Association Yougoslave d'Ophtalmologie.

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Till now the International Federation of Ophthalmological Societies always approved the decisions and the proposed standardizations of the International Council of Ophthalmology. Moreover, it established relations with the CIOMS and the WHO. It carried two motions, one on contact lenses in 1970 and one on Public Health Ophthalmology in 1974.

1. — CIOMS

In 1949, after the second world-war, the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) undertook the responsibility of co-ordinating international congresses in all the medical sciences without attempting to fuse them. The first assembly of the Council for the Co-ordination of International Congresses of Medical Sciences, which became in 1952 the Council for International Organizations of Medical Sciences (CIOMS), was held in Brussels in 1949. In return for a subscription paid by participating bodies, it undertook to aid international congresses with special services and finance. The International Council of Ophthalmology was one of the founder members of this co-ordinating body, which gave financial subsidies to the ophthalmological congresses in London (1950), Montreal-New York (1954), Brussels (1958) and New-Delhi (1962). It sponsored and financed a successful international symposium on "Primary glaucoma" in Canada at the occasion of the XVII International Congress of Ophthalmology and a second one on "Corneal transparency" in association with the XVIII International Congress at Brussels. Such symposia, which bring together workers in separate disciplines and clinicians from different countries, to discuss in an informal atmosphere a rapidly developing subject of wide interest, are worthwhile, but cannot easily be arranged, except by an international body of this type. Unfortunately, after 1962, it became impossible to obtain any financial aid or any other advantage from the CIOMS neither for an international Congress of ophthalmology nor for an international symposium. Moreover, the general assembly of the CIOMS never took an interest in ophthalmology, and their discussions never concerned our specialty. For these reasons, the International Council decided in 1980 to resign from the CIOMS.

2. — WORLD HEALTH ORGANIZATION (WHO)

In 1972, the International Federation of Ophthalmological Societies established official relations with the WHO, which accepted the Federation as a non-governmental organization. The two daughter-societies, the International Agency for the Prevention of Blindness and the International Organization against Trachoma, were already in relation to the WHO as non-governmental organizations.

According to the framework accepted by both parties, the Federation will develop its collaboration with the WHO program for the prevention of blindness. The Federation and the WHO will extend to each other invitations to attend meetings organized by one or the other. The Federation will send to the ophthalmological societies or journals the relevant informations provided by the

WHO. The Federation will encourage the training of ophthalmologists in preventive ophthalmology in various countries and introduce adequate simple eye care in underserved communities. The Federation will assist the WHO in selecting consultants and candidates for expert committees, advisory groups, etc.

3. — MOTION ON CONTACT LENSES

In 1970, the International Federation of Ophthalmological Societies adopted unanimously a motion on contact lenses:
"The indication, the prescription, the clinical and optical adaptation and the control of contact lenses are and must remain medical acts, of which only the ophthalmologist has to assume the responsibility. Non-medical technicians, even specialized in optics, may only participate in the optical adaptation as paramedical assistants in the doctor's office. These assistants have to be submitted to all the restrictions fixed by the regulations concerning the medical auxiliaries".

4. — RESOLUTION ON PUBLIC HEALTH OPHTHALMOLOGY

In 1974, the International Federation of Ophthalmological Societies approved a resolution on public health ophthalmology:
"As society turns from its past interest, which has been almost exclusively that of curing diseases in individuals, towards concern for preserving and promoting the health of populations, the science of ophthalmology must also increasingly direct its interest towards the public health aspects of eye health.

The field of **public health ophthalmology,** as a newly emerging concept, offers many opportunities for research and practice of comprehensive eye health care, which includes, in a continuum, prevention, treatment and rehabilitation. It is not, it should not and it can not be considered as a subspecialty. It is a new dimension of ophthalmology as a science and a service.

It is considered necessary to develop rapidly this aspect of Ophthalmology at the national and international level by:
1. Issuing national policy statements for the field of ophthalmology.
2. Strengthening the professional dialogue with the disciplines which are relevant to this approach (epidemiology, health administration, biostatistics, etc.).
3. Promoting the inclusion of public health aspects in ophthalmological curricula.
4. Including public health ophthalmology in the agenda of national, regional and international societies meetings".

PART IV

THE GONIN MEDAL (fig. 46)

In memory of the great Jules Gonin (fig. 47), who found the surgical treatment of retinal detachment, the Swiss Ophthalmological Society and the University of Lausanne provided, in 1957, a Gonin Medal in gold, which has to be presented periodically to the ophthalmologist, who has contributed most lavishly to the advancement of ophthalmology. These bodies formally suggested that the International Council of Ophthalmology should accept the responsibility of allocation of the medal. This responsibility was immediately accepted and the general procedure was adopted by both parties in 1939. In 1947, the International Council appointed the first Gonin commission to suggest the names of potential recipients to the Council. This commission of 7 members had to be elected every

Fig. 46. — The Jules Gonin Medal,
the highest award of International Ophthalmology, the Nobel-Prize of Ophthalmology.

eight years, the president of the International Council of Ophthalmology and the Professor of Ophthalmology at the University of Lausanne being ex-officio members. In 1952, it had been agreed by the Council that before the presentation of the medal at an international congress of ophthalmology, the prospective medallist should visit the University of Lausanne and deliver there an official Gonin oration. The Gonin Medal is international ophthalmology's highest award and, according to Derrick Vail (1966), the Nobel Prize of Ophthalmology.

The first Gonin Medal was presented to Alfred Vogt (Zürich) in 1941, the second to Paul Bailliart (Paris) in 1945, the third to Hermenegildo Arruga (Barcelona) in 1950, the fourth to Stewart Duke Elder (London) in 1954, the fifth to Alan Woods (Baltimore) in 1958, the sixth to Hans Goldmann (Bern) in 1962, the seventh to Jules François (Ghent) in 1966, the eighth to Gerd Meyer-Schwickerath (Essen) in 1970, the ninth to David Cogan (Bethesda) in 1974, the tenth to Norman Ashton (London) in 1978 and the eleventh to Edward Maumenee (Baltimore) in 1982.

Fig. 47 — Jules Gonin, the famous Swiss ophthalmologist

International Commission, appointed by the International Council of Ophthalmology (ICO) to designate the candidates for the Gonin Medal and elected for 8 years only (5 members and 2 ex-officio members, the President of ICO and the Professor of Ophthalmology at the University of Lausanne).

In 1947, were elected: Marc Amsler (Lausanne), H. Arruga (Barcelona), Conrad Berens (New-York), Stewart Duke Elder (London), H.J.M. Weve (Utrecht), and two ex-officio members, Nordenson, President of the International Council, and Bernard Streiff, Professor of Ophthalmology at the University of Lausanne. In 1952, Stewart Duke Elder replaced Nordenson as ex-officio member and A. Franceschetti replaced Stewart Duke Elder.

In 1955, were elected: J. François (Ghent), J. Friedenwald (Baltimore), G. Karpe (Stockholm), H.K. Müller (Bonn), Jean Nordmann (Strasburg), and two ex-officio members, Stewart Duke Elder, President of the International Council, and Bernard Streiff, Professor of Ophthalmology at the University of Lausanne. In 1956, Friedenwald died and was replaced by Ida Mann (Perth, Australia).

In 1963, were designated: D. Cogan (Boston), A. Dubois-Poulsen (Paris), Stewart Duke Elder (London), J. François (Ghent) and H. Harms (Tübingen). Ex-officio, the President of the ICO and the Professor of Ophthalmology at the University of Lausanne, B. Streiff. Alternates: G.B. Bietti (Rome), J. Böck (Vienna), E. Maumenee (Baltimore) and A. Nakajima (Tokyo).

In 1971, were designated: Stewart Duke Elder (London), A. Nakajima (Tokyo), E. Norton (Miami), W. Straub (Marburg) and A. Urrets-Zavalia (Cordoba, Argentina). Ex-officio, the President of the ICO, J. Charamis (Greece), and the Professor of Ophthalmology at the University of Lausanne, B. Streiff. Alternates: H. Henkes (Rotterdam) and Ch. Thomas (Nancy).

In 1979, were appointed: N. Ashton (London), D. Cogan (Bethesda), A. Nakajima (Tokyo), E. Norton (Miami), W. Straub (Marburg). Ex-officio, the President of the ICO, J. François (Ghent), and the Professor of Ophthalmology at the University of Lausanne, Cl. Gailloud. Alternates: H. Henkes (Rotterdam) and A. Urrets-Zavalia (Cordoba, Argentina).

Alfred VOGT (1941)

(fig. 48)

Alfred Vogt made great contributions to ocular clinical diagnosis. Among them the fundus examination with red-free light has to be mentioned. Of immense practical value was Vogt's introduction of the very narrow slitlamp beam (1918-1920), which allows an accurate determination of depth within media as well as of the thickenings or thinnings of the cornea and of the topographic anatomy of the lens. His "Atlas on Slitlamp Microscopy of the Living Eye" with its many hundreds of coloured illustrations and which appeared in 1930, was a monumental achievement, which as yet has not been equaled. His book on the "Pathogenesis and Operative Therapy of Retinal Detachment" (1936) was also valuable. His investigations in genetic biology and on heredity culminated in an important study on senile changes in identical twins (1938).

Fig. 48. — Alfred Vogt (Zürich), Gonin Medal, 1941.

Paul BAILLIART (1945)

(fig. 49)

Paul Bailliart was one of the richest and most complete personalities in contemporary French ophthalmology. Very early he took a particular interest in the retinal blood circulation. He developed an instrument, the ophthalmodynamometer, which through compression of the globe permits to determine the pressure in the central retinal artery and more accurately in the ophthalmic artery. His books on the normal and pathological retinal blood circulation and on the vascular diseases of the retina are very well known. He was the first to have recognized the importance of the retinal circulation and in fact the initiator of the entire endocular vascular pathology. The retinal circulation in all its networks, in all its aspects, with all its modes of reaction to the dynamometric pressure, were explained by him, integrated into the wider framework of the general circulation, cerebral irrigation and systemic pathology. By his tenacious work and his faith in the value of his research, his communicable enthusiasm and his clinical knowledge, he was one of the most prestigious and most unquestioned masters of the twentieth century.

Fig. 49. — Paul Bailliart (Paris), Gonin Medal, 1945.

Hermenegildo ARRUGA (1950)

(fig. 50)

Although Arruga was first of all an extraordinary surgeon, whose skill was remarkable and simplicity astonishing, he was also interested in the relations between systemic conditions and the eye. He studied the ocular manifestations of syphilis, diabetes, arterial hypertension, allergy, focal and dental infections. He was among the first to recognize the importance of sulfamides, penicilline or corticosteroids. Moreover, he published many papers on intracapsular cataract extraction and conceived numerous instruments, which, as the Arruga forceps, are still in use. It was nevertheless the detachment of the retina which captivated him most particularly. He was the first to realize the importance of Gonin's ingenious discovery. In 1936 he published an important book on retinal detachment and in 1946, his admirable treatise on ocular surgery.

Fig. 50 — Hermenegildo Arruga (Barcelona), Gonin Medal, 1950

Stewart DUKE ELDER (1954)

(fig. 51)

Stewart Duke Elder has been interested not only in the physiology of the eye, but also in the action of light upon the eye, the arterial pressure in the eye, the intraocular pressure and glaucoma, the aqueous humour and the intraocular fluids, the vitreous body, the metabolism of the eye and the blood-aqueous barrier. He published also papers on clinical data, such as toxoplasmosis, proliferative diabetic retinopathy, corticosteroids, or diamox. In 1947, he founded the well-known Institute of Ophthalmology. His first major contribution was his **Textbook** in 7 volumes, which appeared between 1932 and 1954. In 1958, he decided that it needed to be brought up-to-date and he started on his wonderful and colossal **System of Ophthalmology** in 15 volumes. One of the greatest ophthalmologists the world has known, Stewart Duke Elder exerted a unique influence on ophthalmology throughout the world and layed the foundation of our modern science.

Fig. 51. — Stewart Duke Elder (London), Gonin Medal, 1954

Alan C. WOODS (1958)

(fig. 52)

Sir Stewart Duke Elder presented the fifth Gonin Medal to Alan Woods, of Johns Hopkins University in Baltimore, saying: "He deserved largely this honour because of his long and magnificent researches on inflammation of the inner eye, to our knowledge of which no living man has contributed more lavishly. Alan Woods is the first American who joins that small select company whom world ophthalmology acclaims as its greatest children".

Fig. 52. — Alan Woods (Baltimore), Gonin Medal, 1958

Hans GOLDMANN (1962)

(fig. 53)

At the occasion of the presentation of the Gonin Medal to Prof. Hans Goldmann, Sir Stewart Duke Elder said:
"There is hardly one aspect of ophthalmology which Goldmann, by his prolific and magnificent researches, has not enriched and advanced. Particularly in the subjects of cataract, glaucoma and the dynamics of the ocular circulation he has made fundamental contributions to medical knowledge which, so far as we can look into the future, will remain classical for all time. Again, by the design and perfection of instruments and methods of examination of unique accuracy and delicacy, he has revolutionized practically every technique we adopt for the investigation of our patients. Because of the genius of Goldmann, his unusual optical and mathematical knowledge, and his ability to transform a theoretical dream into a fact, every ophthalmologist in every country can diagnose and treat his patients with greater precision and effectiveness".

Fig. 53. — Hans Goldmann (Bern), Gonin Medal, 1962

Jules FRANÇOIS (1966)
(fig. 54)

Derrick Vail presented the Gonin Medal to Jules François and said:
"Jules François is particularly worthy of being added to the eminent company of immortals. He is a highly skilled and effective clinician and ophthalmic surgeon, bringing the fruits of his laboratory studies personally to the bedside, where he is a great teacher. He has contributed many scientific papers to our international literature, in addition to authoritative textbooks and monographs, on congenital cataracts, heredity, gonioscopy, toxoplasmosis, tapeto-retinal degeneration, physiology of the eye, biochemistry and lens proteins, vascularization of the eye and optic tract, electroretinography and so on. Indeed, in addition to the well-known "Encyclopédie d'Ophtalmologie Française", we have available to us who collect his writings, an "Encyclopédie d'Ophtalmologie François". As one of the great ophthalmologists in the world, the Leonardo da Vinci of our specialty, he shares one other quality with the other six Gonin laureates, besides the complete dedication of his life to the advancement of ophthalmology, he doesn't sleep much. Jules François, dearly loved friend of all of us in our particular world, boon companion of our lighter moments, our mentor and guide in our need and efficient servant to our Council and the Federation, I am deeply moved by the honour of presenting to you this beautiful Gonin Medal, that you so richly deserve".

Fig. 54. — Jules François (Ghent). Gonin Medal, 1966.

Gert MEYER-SCHWICKERATH (1970)

(fig. 55)

Professor Meyer-Schwickerath is a genius, who invented the photocoagulation. Pioneer of the method, which rendered the greatest services to ophthalmology, he was the first to start the treatment of diabetic retinopathy, the retinal tears and degenerations and many other diseases of the fundus by means of light coagulation. He made many clinical and experimental contributions and identified the oculo-dento-digital syndrome.

Fig. 55. — Gert Meyer-Schwickerath (Essen), Gonin Medal, 1970.

David COGAN (1974)

(fig. 56)

Presenting the Gonin Medal to David Cogan, Jules François said:
"Dr. David Cogan has gained international recognition for his outstanding contributions to modern ophthalmic science. He has documented his findings in more than 300 papers. His most significant works have been the physiology and pathology of the cornea, the abnormal fat formation in ocular tissue, the neurology of the ocular muscles, the effects of radiation on the eye and the histology of the eye particularly in inborn errors of metabolism. He also carried out a long-term study on the physiology, the histochemistry and the microcirculation of the retina in hypertension, diabetes and other systemic diseases. His book "Neurology of the Ocular Muscles", is considered as a classical and comprehensive guide to this difficult subject. Two syndromes bear his name - Cogan's syndrome I, which describes the characteristics of the non-syphilitic interstitial keratitis, and Cogan's syndrome II, which concerns conjugate gaze paralysis".

Fig. 56. — David Cogan (Bethesda), Gonin Medal, 1974.

Norman ASHTON (1978)

(fig. 57)

Jules François presented the Gonin Medal to Norman Ashton and said: "Professor Norman Ashton, who is a famous ophthalmic pathologist, displayed very great scientific activity. He was the first to demonstrate that retrolental fibroplasia was due to oxygen therapy of premature babies. He published more than 220 papers, more specifically on diabetic retinopathy and microaneurysms, tumours of the eye, trabecular meshwork, Schlemm's canal and aqueous veins, action of cortisone on ocular tissues, corneal vascularization, toxoplasmosis, development of retinal vessels, hypertensive retinopathy, toxocara canis and inborn errors of metabolism. He contributed to 20 books, studying more particularly the malignant tumours of the eye and the ocular pathology, retrolental fibroplasia and diabetic retinopathy. His experimental investigations are as numerous and outstanding as his clinical and pathological studies".

Fig. 57. — Norman Ashton (London), Gonin Medal, 1978.

Edward MAUMENEE (1982)

(fig. 58)

Edward Maumenee has gained international recognition for his outstanding contributions to modern ophthalmic science. He has documented his findings in more than 200 papers and several books. His most significant works have been on cataract and its surgery, dystrophies of the cornea and keratoplasty, epithelial downgrowth in the anterior chamber, macular and retinal diseases, uveitis and glaucoma, fluorescein angiography, histopathology and immunology. He conceived an original pathogenesis for congenital glaucoma as well as for visual field loss in glaucoma. Superb topman and organizer, world-renowned and leading ophthalmologist, he spread throughout the world not only the prestige of his own science and his own personality, but also that of American ophthalmology.

Fig. 58. — Edward Maumenee (Baltimore), Gonin Medal, 1982.

CONCLUSION

The history of International Ophthalmology shows that in the 55 years of its life it has done much, but it is true that it could have done more. Today, nevertheless, the International Council of Ophthalmology is as active as ever it was and there is a progressive growth of co-operation and mutual friendship within the ophthalmological family throughout the world. This fact, which is unique in Medicine as well as in the World of politics and relations, is very pleasant and stimulating.

PART V

STATUTES

— I —

INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

— II —

INTERNATIONAL FEDERATION
OF OPHTHALMOLOGICAL SOCIETIES

— III —

INTERNATIONAL CONGRESSES
OF OPHTHALMOLOGY

— IV —

BY-LAWS OF THE INTERNATIONAL CONGRESSES
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— V —

AWARDS

These statutes were adopted by the International Federation of Ophthalmological Societies in New-Delhi (3 December 1962) and modified by this organization in Paris on the 18th of May 1974, and in San Francisco on the 4th of November 1982.

— I —

STATUTES OF THE INTERNATIONAL COUNCIL OF OPHTHALMOLOGY

Article I

The International Council of Ophthalmology (hereinafter known as "The Council") is the executive body of the International Federation of Ophthalmological Societies. It shall consider and, if deemed advisable, implement recommendations of the Federation, promote international co-operation in all matters pertaining to ophthalmology, initiate and supervise arrangements for periodical International Congresses and maintain an Index Ophthalmologicus of ophthalmologists and ophthalmological institutions throughout the world.

Article II

A new Council shall assume office one year after the conclusion of each International Congress and shall consist of:

1. THE OFFICERS:
   - (I) The President of the Council.
   - (II) The Vice-President of the Council.
   - (III) The Secretary of the Council.
   - (IV) The Treasurer of the Council.

2. EX-OFFICIO MEMBERS:
   - (I) The Representative of the International Agency for Prevention of Blindness. This representative, who must be an ophthalmologist, president or vice-president of the International Agency for Prevention of Blindness and who represents this organization as well as the International Organization against Trachoma, must be replaced every eight years.
   - (II) The Representative of the Academia Ophthalmologica Internationalis, who must be replaced every eight years.
   - (III) A representative of each of such supra-national Ophthalmological Societies as are approved by the joint meeting of the Federation and Council. He also has to be replaced every eight years.
   - (IV) The immediate Past President of the Council.
   - (V) The immediate Past Secretary of the Council.
   - (VI) The retiring President of the previous Congress.
   - (VII) The President-elect of the forthcoming Congress.

3. Ten ordinary members, which have to be replaced every eight years.
4. Any honorary life member(s) proposed by the Council which the joint meeting of the Federation and Council may from time to time determine to elect.
5. The number of the members of the Council may not exceed twenty-two and that of the ex-officio members may not exceed eight.

Article III

The President, Vice-President, Secretary and Treasurer shall be elected (or re-elected) by the Joint Meeting of the Federation and Council at each International Congress; they need not be chosen from the delegates of the Federation or the members of the Council. The number of the ex-officio members may be less than the number indicated in Art. II, if one or more Councillors serve in more than one capacity. The immediate Past President and Past Secretary of the Council remain members of the Council until the next Congress.

The Council and the Federation may nominate one delegate of each of the affiliated or sponsored committees to become an "ex-officio member of the Council without vote" or observer, who has to communicate to the Council the working progress, conclusions and recommendations of his committee.

Article IV

In the appointment of new officers and new councillors, it will be the duty of the Council to present nominations to the joint meeting of the Council and Federation; these will be voted upon together with any other nomination proposed by the delegates of the Federation.

Article V

The ten ordinary members shall be elected by the joint meeting of the Federation and Council. If any Councillor is absent from any two consecutive ordinary meetings, unless in extraordinary circumstances, he shall be considered as having resigned. Any vacancy in the Council occurring in the intervening years between Congresses shall be filled by the Council, the appointment being held temporarily until the next session of the Federation, whereat these appointments shall be confirmed or new members elected in their place. In such cases the Councillor thus appointed shall be deemed to carry the seniority of the member he replaced in deciding length of tenure of office.

Article VI

No one shall be eligible for election to the Council unless he belongs to a Society affiliated to the Federation and honoring its annual subscription, unless the reasons for the Society's default are acceptable to the Council. Nominations by Affiliated Societies for such appointments should be sent to the Secretary of the Council six months before the appropriate meeting of the Federation. No country, together with its colonies, dependencies and trusteeship territories, shall be represented by more than one ordinary member of Council.

Article VII

Sessions of the Council shall be directed in such language as appear necessary to the President for the convenience of members of the Council, but Councillors may use any language they choose in making propositions and taking part in discussions.

Article VIII

The President in consultation with the Secretary, shall have the power to decide what business may be transacted by correspondence between meetings of the Council.

Article IX

The aim of the Council shall be to arrange periodically for the issue of a new edition of the Index Ophthalmologicus at a price or prices to be determined from time to time by the Council.

Article X

The secretary of the Council shall supply the delegates with copies of the minutes of the meetings of the Council and the Federation.

Article XI

Amendments and additions to these Statutes shall be valid only if they are recommended at least six months in advance by the International Council (a majority of 2/3 in that body being necessary) or by four delegates of the Federation whose appointments have been confirmed to the Secretary of the Council as in Article V of the Statutes of the Federation and if they are accepted by a majority of 2/3 at the joint meeting of the Council and Federation. Such amendment shall be distributed five months in advance to the delegates.

— II —

STATUTES OF THE INTERNATIONAL FEDERATION OF OPHTHALMOLOGICAL SOCIETIES

Article I

The International Federation of Ophthalmological Societies is an association constituted in conformity with Article 60 and onwards of the Swiss Civil Code.

Article II

The aim of the International Federation of Ophthalmological Societies (hereinafter called "The Federation") is to promote the science of Ophthalmology among all peoples and nations, and in furtherance of this to ensure permanent co-operation between representative Ophthalmological Societies of different countries and with their Governments and the various international bodies concerned with the organization of educational, scientific and cultural matters. For these purposes it shall elect, through its members, the International Council of Ophthalmology which shall act as its executive body.

Article III

The registered office of the Federation is at the domicile of the Treasurer. The duration of the Federation is unlimited.

Article IV

An Ophthalmological Society recognized as of good standing shall be entitled to join the Federation as an Affiliated Society subject to the approval of the International Council provided it has paid its due subscription.

Article V

Each Society joining the Federation shall appoint one of its members as delegate who shall hold office during the interim between two International Congresses, unless a reappointment is made by his Society. Any change in the delegate should be notified to the Secretary of the Council immediately. The name of the delegate to attend the meeting of the Federation shall be confirmed to the Secretary of the Council at least six months before each International Congress. In the event of one country, having more than one Society affiliated to the Federation and thus being represented thereon by more than one delegate, only one of these, to be chosen among themselves, shall have voting powers.

Article VI

At each International Congress, these delegates shall sit with the members of the International Council to form a joint meeting to transact the business of the Federation and elect new members to the Council. The President of the Council shall be the Chairman of this joint meeting. All members of both bodies shall have equal voting powers and the Chairman shall have a casting vote.

Article VII

The further duties of a delegate shall be:

(a) To act as a liaison officer between the International Council and his Society in the interval between two International Congresses.

(b) To supply the Secretary of the International Council, periodically or on request, with the names and addresses of the Ophthalmologists of his country and such other matters as are required for the Index Ophthalmologicus.

(c) To be responsible for collecting and forwarding the annual subscription of his Society to the Treasurer of the International Council.

Article VIII

The subscription of each affiliated Society shall be proportional to the number of its national members, the amount being determined at the joint meeting of the Federation and Council to be held during each International Congress. The subscription shall remain unchanged in the years between two Congresses unless the International Council finds that unforeseen circumstances make other financial arrangements necessary. The annual subscription is due in advance on the 1st of January of each year. Any Society not up-to-date with its subscription shall, ipso facto, but without prejudice to its liability to the Federation, cease to be an affiliated Society and to participate, through its delegate, in the activities of the Federation, unless the Council is satisfied that reason for its default is unavoidable.

Article IX

Joint meetings of the Federation and Council shall be conducted in the administrative languages agreed for the particular Congress at which the meetings are held, but speakers, whether making propositions or participating in discussions, may use the language they prefer.

Article X

Amendments and additions to these statutes shall be valid only if they are recommended at least six months in advance by the International Council (a majority of 2/3 in that body being necessary) or by four delegates of the Federation whose appointments have been confirmed to the Secretary of the Council as in Article V, and if they are accepted by a majority of 2/3 at the joint meeting of the Council and Federation. Such amendments shall be distributed five months in advance to the delegates.

Article XI

The dissolution of the Federation can be effected by a vote of 2/3 of its members. In the event of dissolution the assets of the Federation shall be vested in a project of public interest the aims of which conform with those of the Federation.

— III —

STATUTES OF THE INTERNATIONAL CONGRESSES OF OPHTHALMOLOGY

Article I
The purpose of the Congress is to contribute to the progress of ophthalmology and to furnish the occasion for meetings and discussions to people interested in this science.

Article II
The dates and the site of the Congress are fixed by the International Council with the agreement of the Federation, or possibly by the Council alone. An invitation to hold a Congress in a country can only be considered if it is sent by a national society of ophthalmology affiliated to the Federation, and its ability to demonstrate that its government will support the Congress if it is held there.

Article III
Before each Congress, the International Council will choose and decide the number of administrative languages to be used.

Article IV
The organization of the Congress is confided to a national committee in the country that hosts the Congress. This national committee will work together with the International Council.

Article V
The President of the Congress is designated by the International Council upon the nomination of the host country.

Article VI

Only the following may be registered as regular members of the Congress:
(1) Doctors in medicine;
(2) Persons who have rendered service to the cause of ophthalmology and whom the national committee wishes to participate in the Congress. The national committee reserves the right to veto each request for individual registration without being obliged to justify its decision, but all those, whose registration has been refused, may appeal to the International Council.

Article VII

Relatives and friends of regular members may be registered as associate members. They may not participate in the scientific and business meetings, but they may take part in the receptions and activities of an informal or social nature.

Article VIII

Only those persons may be registered as associate-scientific members whom the national committee considers as capable to pay only a reduced registration fee due to their age, or because they are concerned only with scientific research, or for any other reason. The associate-scientific members may participate in the scientific sessions and assist in the solemn opening and closing ceremonies, but not necessarily in the informal and social receptions or activities.

Article IX

The amount of the registration fees is determined by the International Council in agreement with the national committee.
There are three categories of registration fees:
(1) An ordinary registration fee for the regular members belonging to one of the societies affiliated to the Federation at the time of the Congress.
(2) An extraordinary registration fee (approximately 10 % more than the ordinary registration fee) for the regular members not belonging to one of the societies affiliated to the Federation at the time of the Congress.
(3) A reduced registration fee (approximately 1/3 of the ordinary registration fee) for the associate and the associate-scientific members.
The Treasurer of the Congress is obliged to transmit to the Treasurer of the Council the additional sum collected as extraordinary registration fees.

Article X

The sessions are conducted in one of the administrative languages of the Congress and the reports are written in one of these languages. For the communications and the discussions, the choice of language is free. For publication only one of the administrative languages may be used.

Article XI
An editorial committee will decide about the integral publication or the summary publication of the communications and discussions.

Article XII
A printed copy of the proceedings of the Congress will be sent to each of the regular members and the associate-scientific members. The national committee is responsible for compiling and sending these proceedings.

Article XIII
The national committee is responsible for the financial management of the Congress. After the closure of the Congress and the publication of the proceedings, the national committee will present a certified financial report to the International Council, which will preserve it in its archives. If a positive balance remains in the hands of the national committee after the payment of all the costs and the closure of the accounts, this sum will revert to the International Council. After the closure of the accounts of the national committee, the yields of the sale, if any, of the volumes of the proceedings will be transmitted directly to the Treasurer of the International Council.

Article XIV
Amendments or additions to the Statutes do not come into force until they have been accepted by the Council by a majority of 2/3 and passed by the members of the Council and the delegates of the Federation sitting together by the same majority of 2/3.

— IV —

BY-LAWS OF THE CONGRESS

I. ORIGINAL COMMUNICATIONS

1. The members wishing to present a communication must notify the secretary of the national committee and present an abstract at least 6 months before the date of the Congress in order to facilitate prior printing and distribution. The national committee will establish a program committee that has the right to refuse communications; it must assure that they are sufficiently of interest and that their number does not exceed the time available.

2. The abstracts must be written in each of the administrative languages of the Congress.

3. The communications must be original. Until the publication of the proceedings, the text of the communications remains the property of the national committee. The text of the communications published integrally in the proceedings may not be published elsewhere.

4. The editorial committee will decide on the integral or abbreviated publication of the communications. If this committee decides to print only an abstract, the author is authorized to publish the integral text elsewhere.

5. The sessions are held in one of the administrative languages of the Congress, but the choice of language is free for the communications and discussions.

6. The text of the communications, with its figures, must be submitted to the secretary at the end of each session. Each member having taken part in a discussion must submit a summary to the secretary by the next day at the latest.

7. Each communication is granted 10 minutes. Each member desiring to participate in the discussion must submit his name in writing to the president of the session and limit his remarks to 5 minutes.

8. The authors may obtain up to 200 reprints at their own cost. They must order them from the printer when they return their corrected proofs.

II. REPORTS

9. The subjects of the reports and the reporters are chosen by the International Council.

10. The reports must be written in one of the administrative languages of the Congress and the reporters must furnish a summary in the other languages. The choice of language is free for the discussions.

11. Each reporter has 15 minutes for his presentation. Each member participating in the discussion must submit his name in writing to the president of the session and limit his remarks to 5 minutes. Article 6 is also applicable to the reports and to the discussion of the reports.

12. The Council, in agreement with the national committee, may organize symposia.

III. OTHER SESSIONS

13. In addition to the scientific sessions, the national committee may organize film sessions, exhibitions of instruments, or any other demonstration that may be of interest to the members of the Congress.

— V —

AWARDS
(REGULATIONS)

I. THE GONIN MEDAL

1. A gold medal is placed every 4 years at the disposition of the International Council of Ophthalmology by the University of Lausanne and the Swiss Ophthalmological Society. Instituted in November 1937, it bears the name of "Gonin Medal". The name of the recipient is engraved on the edge of the medal.

2. The medal is awarded by the International Council at the opening ceremony of the International Congress of Ophthalmology. The recipient, nevertheless, must first appear in Lausanne, where he will be received by the University and where he will give a lecture in commemoration of Jules Gonin.

3. An international commission will be appointed by the Council to nominate the candidates. It will consist of seven members. The President of the Council and the Professor of Ophthalmology at Lausanne, representing the University of Lausanne and the Swiss Ophthalmological Society, are ex-officio members. The five other members are elected by the Council, which will also designate the substitutes. The regular and the substitute members can be chosen from outside the Council. The substitute members are called to replace the regular members who are unable, for any reason whatsoever, to fulfil their mandate.

4. The term of the elected members of the Commission is eight years. This term can be indefinitely renewed. The seats that have become vacant by death or resignation are filled by the Council. The President of the Council is the President of the Commission.

5. The Council will designate the recipient one year before the International Congress. One year before the meeting of the Council that will designate the recipient, the President of the Council will send each of the members of the Commission an envelope and a ballot stamped with the seal of the Council. This ballot and envelope, sealed and unsigned, are to be returned to him in another

envelope on which is stated what is sent and which is signed by the voter. The ballot itself may bear no indication capable of revealing the name of the voter. The voter will indicate in order of preference as many names as he wishes. He also has the right, on the same ballot and always anonymously, to justify his choice. The President, when he has received all the envelopes, will open them, and, thus knowing the opinion of the Commission, will draw up a list for presentation to the Council. He will attach his report and the ballots received.

6. The Council will elect the recipient of the medal by secret ballot obligatorily from among the names proposed by the Commission. At the first ballot, an absolute majority is necessary. At the second ballot, a relative majority is sufficient. But if two ophthalmologists receive the same number of votes, there will be a third ballot following which, in the event of an equal division of votes, the award will be given to the eldest.

7. The Gonin Medal is awarded under the conditions prescribed above to an ophthalmologist who, by his work and his research, has attracted the attention of the Commission and the Council.

8. If the normal activity of the Council and the International Congresses is interrupted by reason of **force majeure,** the medal is entrusted to the institutions that founded it.

II. THE INTERNATIONAL DUKE ELDER MEDAL

Lady Phyllis Duke Elder, President of the Sir Stewart Duke Elder Foundation, established a gold medal in honour of her late husband, Sir Stewart Duke Elder. This medal, which will be called the International Duke Elder Medal and which will be given for the first time in 1982, will be awarded by the International Council of Ophthalmology every four years to an ophthalmologist, who, by his distinction, leadership and teaching, has contributed most to the development of international relations and friendship between ophthalmologists, by his contributions in writing and organization in ophthalmology. The recipient will be elected by secret vote of the members of the International Council of Ophthalmology at the meeting of the Council held the year before the International Congress. The recipient will deliver a Duke Elder oration in Great-Britain and will receive the Medal at the closing ceremony of the International Congress.

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