Council therefore hold that an examination in ophthalmology should form part of the examination for a higher degree or diploma in surgery, as is now the case at the University of London and the Royal College of Surgeons, Edinburgh, rather than that there should be a special examination in ophthalmology alone.

If such an examination is adopted it is desirable that it should be definitely stated that the degree or diploma is granted in ophthalmology.

The Council are of opinion that every candidate before presenting himself for examination should be required to produce evidence that he has studied ophthalmology during a period of two years, of which one has been spent in holding recognized ophthalmic appointments.

V.—Conclusions and Recommendations

(1) It is desirable that the universities and colleges in the United Kingdom should make provision for a special examination in ophthalmology for those who propose to devote themselves to this branch of medicine.

(2) It is desirable that ophthalmology should be one of the optional subjects in which a candidate can elect to be examined for the degree of Master of Surgery of a University, or for the diploma of Fellow of a Royal College of Surgeons, as is at present the case at the University of London and the Royal College of Surgeons, Edinburgh.

(3) Before presenting himself for such an examination the candidate should furnish evidence of at least two years' study of ophthalmology, one of which has been spent in holding recognized ophthalmic appointments.

(4) The special examination in ophthalmology should be written, oral, and practical, and should comprise the following subjects: anatomy, pathology, optics, systematic and clinical ophthalmology, and operative surgery.

ANNOTATIONS

Illuminating Engineering Society

A recent number of the *Illuminating Engineer*, the official journal of the Illuminating Engineering Society, gives a summary of the papers read before the Society since its foundation in 1909. The record is a very satisfactory one. During the war, committees of the Society did most useful work, some of which we have referred to in a previous number (p. 207, 1919). The more intimate relation
between the scientific and the business world, which is one of the objects of such societies, is of great value; in the past the tendency has been too much towards work in separate and unconnected compartments. The Society has decided to divide the membership into two classes designated respectively "members" and "associates," the former being those who are professionally connected with lighting, and the latter those who are incidentally interested in one or other special aspects of illumination. The annual subscription for the former is to be two guineas and for the latter, which includes students, one guinea.

Joint committees on railway lighting, street lighting, school lighting, etc., have been formed. A special joint committee on eye-strain in cinema theatres and its prevention has been formed in which the Council of British Ophthalmologists is represented by Messrs. J. H. Parsons, C.B.E. (chairman), Mayou, McMullen, O.B.E., and Cridland, and the Physiological Society by Professors Bayliss, Shearman, Sherrington, and MacDougal. The Illuminating Engineering Society, the Cinema Industry, the Fire Brigade, and the Education Department of the London County Council are also worthily represented. We confidently look forward to valuable results in this connection.

Injuries to the Eye by Poison Gas

Little has been published in English upon injuries to the eye by poison gas*, although many such cases have been seen in this country by individual observers. It is therefore with all the more pleasure that we welcome a discussion of the subject held at the last meeting of the American Ophthalmological Society. Dr. H. G. S. Derby, late assistant consultant in ophthalmology to the American Expeditionary Forces, pointed out that the so-called lacrimary gas was only one of the varieties of gas used by the Germans for the purposes of disabling their enemies. It caused burning pain, copious lacrimation, photophobia, and injection of the conjunctiva. Exfoliation of the epithelial covering of the cornea was liable to follow exposure to the fumes. The milder cases recovered quickly. Even those of a more severe nature were usually well within two weeks. Injuries from mustard gas were much more serious. Its action was not noticed until from two to six hours after exposure to the fumes, when severe erythema of the skin developed, followed by blistering, the moist parts of the body being most severely affected. In severe cases bronchitis and secondary pneumonia were observed. There was profuse lacrimation and considerable

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* Two papers dealing with gas injuries to the eyes have been recently published in this journal, namely: J. A. Pringle, March, 1919; Wallace, November, 1919.