that some of the more important institutions in America should group and open highly specialized courses to the many desirous of equipping themselves to practise ophthalmology to the best advantage. Duane also takes up the case of the graduate teaching, and advocates: (1) thorough drill in the theory of each branch of ophthalmology prior to taking up its practical application; (2) instruction in methods and the general principles of aetiology and therapeutics; (3) the supreme importance of individual instruction. Small classes should be formed, each consisting as far as may be of men of approximately the same ability and training. He attaches importance to "Quizzing," alternating with lectures and frequent "short, snappy reviews." Finally, he sketches an intensive ophthalmological course, designed to cover four months.

The Council of British Ophthalmologists

We call the attention of our readers to the notice of a general meeting of all British ophthalmologists to be held at 4 p.m. on Friday, 30th of April, at the Rooms of the Royal Society of Medicine, to receive a report of the work done by the Council of British Ophthalmologists since its inception two years ago. The formation of such a body was first proposed in our columns, and its reports have all been published in full in our pages, so that our readers can form some idea of the work that has been done by the Council since its foundation. The published reports deal with the "Standard Illumination of Test Types," "The Education of Medical Students in Ophthalmology," "The Need for a Higher Qualification in Ophthalmology," and "The Vision of Drivers of Mechanically Propelled Vehicles." The preparation of these reports represents only one part of the Council's work. As its existence is becoming more generally known and its functions more fully recognized, an increasing amount of work of an advisory nature is being referred to it by various public bodies. We believe that the Council in its short existence has already done valuable work, and that an ever widening path lies before it, and we hope that everyone who can will attend the meeting on the 30th of April, so that the Council may feel that it has the support of the general body of ophthalmic surgeons in the country behind it.

Miners' Nystagmus

An interesting discussion on this subject, so important both from the medical and the economic standpoints, was held at the Royal

Society of Arts on February 24, with Mr. J. Herbert Parsons in the Chair. We are indebted to the courtesy of the Illuminating Engineering Society for permission not only to reproduce in full the communications of Dr. Lister Llewellyn and Mr. Elworthy, but also to publish abstracts of the remarks of other speakers. The full report will appear in the *Illuminating Engineer*. In spite of some divergence of opinion on details there is a consensus in favour of the view put forward by Sir Josiah Court, and so ably supported by scientific evidence by Dr. Llewellyn, that the prime factor in the production of the disease is deficient illumination. The problem of overcoming this defect in mines cannot be insuperable, and there is reason to think that the Government authorities are convinced as to the imperative necessity for solving the problem at the earliest date. Ophthalmologists will willingly participate to the best of their ability in bringing about so desirable a result.

ABSTRACTS

REMEDIES

(1) **Weeks, John E. (New York).—Tuberculin in diseases of the eye.** *Trans. Amer. Ophthal. Soc.* Vol. XVI. (1918), p. 114.

(1) **Weeks's** paper was written chiefly for the purpose of exciting a discussion upon tuberculin in diseases of the eye, and, apart from its intrinsic value, it succeeded admirably in its object. As regards the diagnosis of a tuberculous process in the eye, Weeks has found the best method to be by injecting subcutaneously ½ mg. in children and 1 mg. in adults. The injection is repeated, if no local reaction is obtained, 48 to 72 hours later, provided the patient's temperature has remained below normal for the preceding 24 hours. Two mg. are employed for the second injection, and 3 mg. for a third injection if a satisfactory reaction has not been obtained from the smaller dose. In some circumstances it may be justifiable to use a larger dose. The author has no experience of cases where the condition of the eye was made worse by the diagnostic injection of tuberculin. On the contrary, the condition of the eye after the reaction has subsided is better than before tuberculin was injected. In many cases it is desirable to make the