the student to learn the subject. He emphasized the value of an actual clinical test, for after thirty years’ experience as an examiner, he knew how often candidates were well versed in book knowledge, but unable to diagnose the simplest ocular abnormality.

He said that the General Medical Council should be urged to institute the following reforms:

1. That each candidate for a licence to practise be compelled to attend an ophthalmic clinic for three months.
2. That the final examination shall include a clinical examination by ophthalmic surgeons.

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A new Diploma in Ophthalmic Medicine and Surgery

A forward step has been taken by the London Conjoint Board in instituting a diploma in ophthalmic medicine and surgery (D.O.M.S., R.C.P. & S. Eng.). Candidates may enter for Part I of the examination, which includes the anatomy and embryology of the visual apparatus, the physiology of vision, and elementary optics, at any time after a registrable qualification has been obtained in medicine, surgery, and midwifery. Part II, upon optical defects of the eye, ophthalmic medicine and surgery, and pathology, may be taken on the completion of one year of special study of ophthalmology, and the production of certain certificates. The institution of this diploma amply justifies the efforts of those who have advocated the adequate study of ophthalmology and furnishes the best answer to the attitude of the General Medical Council towards the matter. We congratulate the Royal Colleges upon their enlightened action.

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Artificial Daylight

The problem of artificial daylight is one of considerable importance in many industries. One of the recent attempts at solving the problem consists in the use of carefully combined colour reflectors in contrast to the earlier methods in which transmission through tinted screens was employed. The apparatus is known as the Sheringham daylight and is the result of the combined work of a physicist, Mr. L. C. Martin, an artist, Mr. G. Sheringham, and an expert on camouflage problems, Major Klein. Mr. Martin read a paper on the light before the Illuminating Engineering Society. The paper and the subsequent interesting discussion are fully reported in the Illuminating Engineer for February, 1920. One very interesting point was the difficulty of defining daylight on account of its great variability. In an editorial in the same journal the editor writes: “In order that the whole subject may
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be placed upon a scientific footing, it appears essential that a standard of 'Normal' daylight should be defined, and the degree of accuracy with which 'Artificial daylight' units for various purposes should approach this standard specified." He also points out the necessity for a standard white surface and a standard nomenclature of colour-tints, for which latter the list prepared by the Société des Chrysanthémistes in France might serve as a basis.

In the subsequent discussion a communication from the United States by Mr. M. Luckiesh showed the extensive use that is being made of artificial daylight in industry in that country. The source of light described by him are tungsten (Mazda C) lamps equipped with coloured glass filters,

ABSTRACTS

I.—TETANUS FOLLOWING OCULAR LESIONS


Castelain and Lafargue, having found a case of tetanus after eye injury, give notes of it, together with a considerably detailed review of the features of the published cases. The soldier reached their ambulance with a diagnosis of traumatic conjunctivitis, but on arrival showed panophthalmitis. As it was the rule to give antitetanic serum at once, it was taken for granted that such had been administered, but no positive note was made that he had had serum as a prophylactic. While he was striking a horse's shoe in the cold state, on November 25, 1916, a chip flew up and struck his left eye, a fragment of metal lodging in the upper part of the globe; thirty-six hours afterwards he presented exophthalmos, chemosis, oedema of lids, yellowish opacity of cornea—panophthalmitis of a rapid character, calling for chloroform and exenteration of left and extraction of the foreign body on the 27th. Apart from some chemosis there were no untoward signs till the seventh day, when, in the presence of swelling of the face, of difficulty in opening his mouth, of the symptoms noted by the patient, who said his teeth were on edge, Dr. Darrieux at once thought of cephalic tetanus and started the necessary treatment. On the eighth day the diagnosis was confirmed by still more defined symptoms, viz., complete paralysis of the whole of the left seventh nerve, contracture of the right face, difficulty in opening the mouth—trismus, ophthalmoplegia of the right. He presented the aspect described by Courtois-Suffit: he had loss of