along similar lines and more definite conclusions may be arrived at as to whether or not the ultra-violet rays are to be a permanent addition to our armamentarium in the treatment of phlyctenular and other tuberculous conditions.

This series of experiments was commenced in August, 1924, on a few selected cases, and since then, the number of cases has been increased; but as there is only one mercury vapour lamp in use in the Sheffield Infirmary, the number of cases treated has necessarily been limited. As far as possible the cases most intractable to treatment on ordinary lines have been chosen for this work. If the results continue to be as satisfactory as they are at present a much wider application of this method of treatment will be adopted, *e.g.*, probably a great majority of corneal ulcers will be treated in this manner.

I propose, at Mr. Pooley's suggestion, to continue this series of experiments and to extend the range of investigation to other non-tuberculous lesions.

I have carried out these observations by the kind permission of Mr. Pooley, on his cases, and I should like to thank him very much indeed for his generous assistance and support in this work.

A SLIT-LAMP

BY

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THIS instrument is designed to obviate some of the disadvantages attached to the ordinary Zeiss slit-lamp. One of the chief objects attained is the rapidity with which routine examination can be made with the instrument.

(1) When once the lamp is in focus no further adjustments need be made for the examination of any number of patients, and consequently the average examination does not require more than about one minute.

(2) The lamp and microscope move in unison so that one adjustment does for both focussing the image and directing the light.

(3) The instrument is portable and can be used on any small table with a glass top, and when not in use can be put out of the way.

(4) The slit can more accurately be focussed on any portion of the anterior part of eye.

As shown by the illustration, the lamp is carried on a semi-circular frame which is attached to the movable pillar of the corneal microscope. This semi-circular frame allows the lamp to be moved from one side of the microscope to the other, if so desired. Attached to the fixed pillar of the microscope is an arm carrying a knob which serves the double purpose of forming a screen on which the image of the slit can be accurately focussed by the

microscope. The patient's cheek is then brought up against the knob and the microscope and lamp are raised together for examination of the eye. The screw (A) provides a means of centring the lamp, the distance of the filament from the lens, and also for adjusting the direction of the beam. The screw (B) varies the size and shape of a slit and provides also a spot of light when required. Screw (C) alters the lateral position of the focussing lens and the screw (D) alters the vertical position. The screw (E) brings the whole lamp in focus further from, or nearer to the eye, and is extremely useful in getting sharp images of the slit on the

various planes of the cornea, iris, lens, and vitreous. The lamp has been in use for some time and it possesses all the advantages of the ordinary Gullstrand-Zeiss slit-lamp in addition to those mentioned above. The lamp is made by Theodore Hamblin, Ltd., and although the particular model is fitted to a Zeiss Corneal Microscope there is no reason why it should not be adapted to any existing corneal microscope. It is fitted with a resistance which can be adjusted for use with any voltage.

ANNOTATIONS

The Open Mind

How great is the difficulty of keeping an open mind, a mind free of prejudice which will admit anything, however improbable, for consideration! We have all, every one of us, had occasion to regret that case in which the most unlikely diagnosis was the correct one. It did not occur to us, most probably because the mind was not open. Perhaps the disease was absolutely rare, perhaps it was rare in our own country, perhaps we did not obtain all the facts. These reflections were inspired by a case recorded by P. Knapp, of Bâle, in *Rev. gén. d'Ophthal.* for July, 1925. The patient, from a foreign country, had some skin troubles, violent irido-cyclitis and a positive Wassermann. The case was treated as syphilitic but failed to improve much. Knapp then discovered something which had previously been hidden by the intense ciliary injection, namely, a yellowish ring surrounding the corneae, while the slit-lamp revealed a mass of whitish yellow "corpuscles" on the pupil edge. Microscopic examination of a portion of the yellowish episcleral proliferation showed very numerous bacilli of leprosy. It is difficult to see how even the most open of minds could have prevented the error of diagnosis in this case. First there was the positive Wassermann, then there was the fact that leprosy had been thought of and the bacillus looked for and not found by those who saw and treated the patient in the first instance, and, lastly, the disease is said by Knapp to be unknown in Switzerland.

The Closed Mouth

The converse of the open mind is indicated by the above title. It is needful to be very careful about what we say to patients. It is notorious that even educated persons will in many instances,