the ciliary body. At best, it would be difficult to be sure that one had not bruised the latter against the sclerotic with the hard metal instrument itself. When these two plans are dismissed, there is absolutely nothing to choose between an instrument which dislocates the lens by pressure on the eye from without, and one of the various types of capsule forceps used to do the same thing by direct internal manipulation. And whether the latter takes the form of pulling on the lens, or pushing, it is quite immaterial. The violence done to any particular eye would be exactly the same.

The pneumatic forceps was as far as I know first introduced into surgery by Stoewers. For an instrument bearing his name figured in Messrs. Down Bros. catalogue for 1906. The next man to take it up was Dr. Vard Hulen of San Francisco, who reported six cases in 1910. Professor Barraquer deserves great credit for the thought and energy which he has brought to bear on the problem of how to use it. But I do not think we can allow his claim to pass, that his instrument is a “vibratory zonulatome” possessed of magic powers, and that his operation consists “in drawing the crystalline lens by its anterior surface, separating it mechanically without either traction or violence of the zonule, and extracting it completely out of the eye without having produced ectopias or traumatism of the intraocular structures.” I should like to rechristen the operation and call it “pushing the lens violently to the exterior.”

ANNOTATIONS

Illumination and Efficiency

The Industrial Fatigue Research Board and the Illumination Research Committee have recently published a joint report by Messrs. H. C. Weston and A. K. Taylor on the relation between illumination and efficiency in fine work. As a type of the work
required the Committee selected for experiment the operations involved in type-setting by hand. Their conclusions are of considerable importance on both the commercial and scientific aspects. In addition to measuring the total output under varying conditions of illumination, a record was also kept of all mistakes, particularly those in connection with turned letters, as this form of error is mainly due to the failure of the operator to see the nicks on the type. The optimum value of illumination was found to be about 20 foot-candles, an illumination considerably in excess of that usually provided. With illumination as powerful as this, it is, of course, necessary to make careful provision for the avoidance of glare. When the illumination fell below 2 foot-candles nearly one-quarter of the output was lost. With an illumination of 10 foot-candles there was no complaint of ocular fatigue but the output was increased and the number of errors reduced by raising the light to a higher value. Artificial daylight was also tried. This did not meet with the approval of the compositors, and, although there was a slight increase in the output, there was also a slight increase in the total number of errors. As artificial daylight was only used for two days the committee do not consider the question as settled in view of the time found necessary for adaptation to various sources of illumination. In any case the low efficiency of artificial daylight illumination renders its employment too costly for commercial purposes.

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"Sesquipedalia verba"

In 1855, James Dixon, Surgeon to the Royal London Ophthalmic Hospital and formerly of St. Thomas's Hospital, brought out a severely practical handbook on Diseases of the Eye. The following extract from the preface may interest our readers, and cause a feeling of thankfulness in us all that we were not in active practice at the time when such words were in use:

"Technical terms are of course as indispensable in medicine as in any other science; they avoid circumlocution, and, if well chosen, carry with them their own definition; but to attempt expressing by single words every process of disease, and every surgical manipulation, imparts a dry and pedantic character to subjects which would be attractive and interesting if described in a simple and natural way. It requires a more intimate knowledge of Greek than one has any right to expect from every student of medicine, to recognize in Irido-periphakitis an inflamed iris and capsule; or at once to detect the operation for closing a lacrymal fistula under such a disguise as that of Dacryocystosyringokatakleisis."

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