windows about 10 feet high on one side. If the rooms are much wider than this, windows must be provided on two sides, preferably the left and rear. The window area should not fall below 20 per cent. of the floor area when windows are located on two sides of a room, and not below 25 per cent. when on one side only. Suggestions as to control of daylight by shades are given, with illustrations of types of screen found satisfactory in actual working. Photographs illustrating good and bad lighting systems with advice as to the improvement of the latter are given, as also methods of calculating the illuminating value of various systems of lighting. The pamphlet merits the serious consideration of all connected with the designing and maintenance of school and other educational buildings.

**Ophthalmia neonatorum**

We have drawn attention in these columns (December, 1917, p. 756), to the advisability of making provision in large towns for the collective treatment of cases of ophthalmia neonatorum, and to the steps taken in the desired direction under the impetus afforded by the recent Report of the Departmental Committee on the Welfare of the Blind. It will be recalled that the Local Government Board asked the Metropolitan Asylums Board to make provision for the hospital treatment of certain cases of the disease. We learn with satisfaction that the latter body has purchased for the sum of £22,553 from St. Pancras Union, St. Margaret's Home and adjacent freehold property in Kentish Town for the purpose in question, and that later the Board will establish a similar hospital south of the Thames. Questions of transport, the non-separation of mother from baby, the necessity of skilled attention as regards the recently confined mother, and the provision of a physician skilled in the care of infants, must be dealt with by the responsible authority.

**Head-Surgery Units**

From a communication in the *Ophthalmic Record* of October last by Dr. Casey Wood, we gather that the Surgeon-General of the United States Army, has created a special section in Surgery of the Head, divided into ophthalmology, oto-laryngology, brain surgery, and the plastic surgery of the face and head. This section is under the general direction of Lieut.-Col. T. C. Lyster, of the Surgeon-General’s office, with whom are associated the following, forming a sub-committee of the General Medical Board of the Council of National Defence: Major Nelson M. Black (ophthalmology), Major H. P. Mosher (oto-laryngology), Major V. P. Blair (oral and plastic surgery), and Captain Charles Bagley, junior. Some of the best known specialists throughout the country have been commissioned by this committee and assigned to various cantonment and other
Nutrition of the Optic Nerve

Army hospitals as members of Head-Surgery Units. It is planned to have one hospital in France devoted entirely to head injuries, which already occupy some 20 per cent. of the beds available in base hospitals, despite the use of steel helmets instead of the usual head-gear. The projected hospital, which is to be accessible by the various base hospitals, is to be provided with perhaps, one thousand beds, and is to include laboratory, X-ray apparatus, shops, and a mechanical division for reconstructive appliances. It is hoped to follow the example of the British Army and to furnish the men with spectacles from a standard lens grinding department.

Abstracts

I.—Nutrition of the Optic Nerve


Behr describes some histological experiments on the structure of the optic nerve with special reference to their bearing on its nutrition. He points out that the ectodermal nervous connective tissue and that derived from the mesoderm are completely separated in the optic nerve, and that the blood-vessels of the central nervous system must be regarded as foreign bodies, as Weigert has already stated. Behr's researches consisted in the injection of Berlin blue into human nerves obtained immediately after death; the injection of fine emulsion of Indian ink into living dog's nerves; and in the use of various special staining methods in early atrophic nerves. The results obtained by all three methods corresponded, and he, therefore, only gives an account of the Berlin blue specimens at full length with the addition of some details from the Indian ink experiments. He states that the entire connective tissue structure of the optic nerve pial sheath, as well as septa, rests on a system of easily injected spaces which separates it from the nerve structure proper. Fine glial fibres come into close anatomical contact with the axis cylinders, and in this way bring the Berlin blue directly to them. The Indian ink preparations show that waste products in the optic nerve pass centripetally to the skull. The particles wander inside the nerve bundles and never pass out into the septa or through the pial sheath. Reproductions of photographs and