Intensive treatment, including besides local measures penicillin, sulphadiazine and massive doses of sodium salicylate, led to a satisfactory result being obtained. It is possible that penicillin, from the therapeutic standpoint, played the most important part.

REFERENCE


AN EYE SPECULUM WITH DIFFERENT BLADES FOR UPPER AND LOWER LIDS *

BY

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ALTHOUGH the upper and lower eyelids differ considerably in form and in their relation to the surrounding tissues, in the eye specula commonly used the wire loops or blades which hold the two eyelids apart, are of the same shape. The tarsus of the upper lid is broader than that of the lower. It is, moreover, connected with the levator palpebrae superioris muscle whereas there is no similar muscle in connection with the lower tarsus. Consequently the lower lid has a great passive mobility and can be easily pulled downward and a little forward, into a position convenient for the operation. For this reason the lower loop or blade of the speculum should be of such a form as to retract only the lower lid and must therefore be rather sharply bent which, as a matter of fact, is also the case with the usual specula. The mobility of the upper lid, on the other hand, is much more limited. It can be raised only in a direction parallel to the surface of the eyeball bringing the tarsus between the roof of the orbit and the globe. Were this movement to be carried out by means of a loop or blade curved to the same degree as that for the lower eyelid, it would hit the supraorbital margin before the tarsus had been brought completely within the orbit. This difficulty is overcome by a loop or blade with wide curve taking in both the supra-orbital margin and the tarsus.

For holding the eyelids apart curved metal blades are preferable to wire loops. A blade severs the margin of the eyelid from the field of operation thus promoting sterility. Moreover, the pressure and stretching suffered by the eyelids from a blade are less than by using a loop, as a result of which the patient feels less of the instru-

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ment, this contributing to a calm and easy procedure of the operation. In order to obtain the greatest possible adaptation to the anatomical relations these blades must be bent in the shape of a saddle while in addition the upper blade must have an arch parallel to the surface of the eyeball.

In cataract operations any pressure from the instrument upon the eyeball must be avoided. In the case of the lower blade there is no danger of this as it is kept at a safe distance from the globe. In the case of the upper blade, however, this danger does exist, even if the exerted pressure is slight, this blade being supported by the rim of the orbit. To avoid this pressure on the eyeball the upper blade is provided with a small curved piece of wire. Through the eyelet, thus formed, a thread can be passed if necessary which can be held tight by the assistant at the operation to prevent the metal coming into contact with the eyeball. This can be performed by one less experienced in eye operations.

If a speculum with dissimilar blades is to be employed for operations on the right eye as well as on the left, the blades should not be attached to the instrument. On the speculum illustrated here, the blades can be detached from the arms and alternated. A spring prevents them from slipping off easily.

The hinge of the instrument has an adjustment screw which rests against the patient’s temple. By means of this screw this part of the speculum can be slightly tilted to improve the adapting of the blades to the eyelids.

The instrument, as illustrated, has been tested upon several people and has been put into practice in various kinds of operations. It has been shown that by its use a very wide palpebral fissure is obtained, while according to those tested, they felt no pressure on the rim of the orbit; at the most, slightly the stretching of the external canthus.

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USE OF POLARIZED LIGHT IN SCOTOMETRY WITH BINOCULAR FIXATION

by

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A great number of different devices have been constructed to allow of the investigation of the visual field using binocular fixation. In ordinary cases binocular fixation will be somewhat more steady than monocular, but the difference is hardly of practical importance. In