

genital anomalies of the eyes. The effects of treatment with salvarsan in cases of interstitial keratitis was dealt with in papers by Dr. A. T. Estrada and Dr. A. Renshaw, and of treatment by vaccine of infectious keratitis by Dr. R. Virgilli.

Metastatic carcinoma of the choroid was described by Dr. A. Greenwood, and metastatic thyroid tumour of the orbit by Dr. Arnold Knapp.

A case of bilateral lymphosarcoma of the orbit with intermittent exophthalmos was described by Dr. W. S. Franklin and Dr. F. C. Cordes, and four cases of chloroma were summarized by Dr. A. J. Bedell.

The evening addresses were as follows:—

“Some descriptive errors in the anatomy of the orbit,” by S. E. Whitnall, Prof. of Anatomy, McGill University.

“The clinical anatomy of the naso-lacrimal passage ways,” by J. Parsons Schaeffer, Prof. of Anatomy Jefferson Medical College.

“The theories and realities of colour vision,” by Leonard T. Troland, Prof. of Psychology, Harvard University.

“The production and hereditary transmission of certain eye defects,” by W. G. Guyer, Prof. of Zoology, University of Wisconsin.

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## ANNOTATION

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### The Use of Light in Hospitals.

A most interesting paper was read by Mr. John Darch at the discussion upon the use of light in hospitals, arranged by the Illuminating Engineering Society.

Speaking first of the hospital ward, Mr. Darch advocated a light that should be quiet and pleasing, best obtained by a system of general lighting combined with local lighting. The general lighting need not be great, anything from one-half to one foot-candle, well diffused and without glare. The light should be spread evenly over the ceilings and friezes. Each patient should be provided with his own local light, giving him three foot-candles upon his book. This may be set on a short, smooth bracket close to the wall so as not to be in view of the patient. It should not be in the centre of the bed-head as usual, but about fifteen inches to the patient's left so as to avoid heat on his head and gloss on his book.

Local lighting is also necessary on the sisters' and nurses' tables, and each should have one or more well-shaded table-lamps adjustable so as to give an average of four foot-candles. The

decoration of the ward is an important factor in its illumination. Although ward and ceilings and walls are frequently to be found varnished, there should be no gloss above the dado. The ceilings and friezes should be white, the walls below are better of a quiet and restful colour, darker or lighter according to window space and aspect. As regards the operating theatre whatever arrangements are made the highest possible degree of asepsis should be maintained, yet the fittings suspended over the tables are often thickly coated with dust. One should admit the greatest possible angular expanse of glass without admitting direct sunlight, and the glass should extend nearly the length of the room. The ideal light for operations should be made to approximate to that found quite away in the open under a clouded sky.

The illumination should be not less than five-and-twenty foot-candles, and the light should be so thoroughly diffused that it should be difficult to get the shadow of one's hand upon the work. No exposed light sources should exist within the field of vision. The colour of the light should be as white as possible, and it must be uniform and steady. In special circumstances the surgeon can use an electric forehead light.

The author has seen nothing better for the purpose of illuminating the operating room than the white flame arcs we had before the war. He specially mentions the method more in favour abroad than here, viz., that of projected beams of light converging on the table from several points.

Mr. Darch closes his paper with a plea for the good lighting of dispensaries.

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## ABSTRACTS

### I.—LIVING SUTURES IN THE TREATMENT OF PTOSIS

Wright, W. W. (Toronto, Canada).—The use of living sutures in the treatment of ptosis. *Arch. of Ophthal.*, March, 1922.

Stimulated by the studies of Dr. W. E. Gallie and A. B. de Mesurier on the use of living sutures in surgery, it appeared to Wright that living sutures would be an ideal method of treating ptosis. He operated by this method on eight eyelids in five patients. The fascia lata was exposed and cleansed by a longitudinal incision, five inches in length, made over the outer side of the thigh. Two parallel incisions were then made in the fascia lata, four to five mm. apart. The piece of fascia between these incisions was then freed from the underlying muscle. Before cutting this strip at its extremities it was slit longitudinally into the two required sutures.