affects stiff joints, and is especially applicable to those cases in which the movements of the ossicular chain are limited by the adhesions resulting from chronic inflammatory processes. Hopkins has tried the method for four years, during which time he has succeeded in obtaining excellent results in fifty-eight cases out of sixty-two, a percentage of successes which augurs well for the future of the treatment.

The super-heated air is applied by means of a gas heater, connected with the ear by a canvas or asbestos sleeve. The heat appears to be very easily borne, and is followed by careful massage of the ossicles. Mr. Macleod Yearsley describes the first case in which he has made use of the method, and in which he obtained very marked success. He is at present treating a number of cases, all of which have shown improvement, and we shall await with interest the advent of his second paper on the subject.

Should this method of treatment carry with it the success it promises, there is at least a chance for the recovery of the hearing in many cases which have hitherto been looked upon as hopeless, and the unhappy victims of chronic hardness of hearing will hail it as a means by which they can be brought back to the enjoyment of pleasures which their infirmity has hitherto denied them. There is no affection which is more constantly annoying to those who suffer from it in their daily lives, and perhaps none which, as a whole, receives less sympathy from the generality of mankind.

### THE EFFECT OF ELECTRIC LIGHT UPON THE EYE.

It is a popular belief that the electric light plays more havoc with the eye than does any other form of illumination, but a Russian doctor has recently given it as his opinion that this is not the case. He bases his deductions upon the fact that disease and damage to the eye is proportioned to the frequency of closure of the lids. He has found that the lids close in a minute 6·8 times with candle light, 2·8 times with gas light, 2·2 with sunlight, and 1·8 times with electric light. No doubt this may be true for the external portions of the eye, but it has been proved clinically that retinal and muscular asthenopia are greatly increased by electric illumination, and that reflex conjunctivitis and blepharitis are made worse. It will be hard to convince those who have suffered in this way from the use of electric light, that it ought not to have the effect described.

## Nursing of Diseases of the Eye.

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### SOME GENERAL POINTS IN OPHTHALMIC HYGIENE.

The ophthalmic ward has materially changed in character in the last generation. The dark ages, when it was thought necessary to exclude all light, are already almost forgotton. Formerly, in the majority of diseases of the eye, treatment was carried on amid surroundings of the deepest gloom. This has gradually been found unnecessary. A darkened room generally means an illventilated one. It is easy to secure local darkness for any patient if it is necessary, by means of bandages, shades, or dark glasses.

In old general hospitals, where special wards are devoted to the ophthalmic cases, they will often yet be found to be the darkest and most cheerless wards in the building.

But though a light and well ventilated ward is an advantage, draughts are to be avoided; and there must be means of modifying the light if necessary. It is not at all advisable that any eye from which the lens has been extracted, should be exposed at first dressing to unmitigated sunlight. The sudden falling of light into the eye in such circumstances in the opinion of many surgeons may be the cause of an unsatisfactory result. It is better that the wards, and especially the operating room, have as far as possible a north aspect. A top light is especially objectionable. The reflections from the cornea are very perturbing in such a case. Many surgeons accustom themselves to operate entirely by artificial light from an electric bullseye lantern. And this has certain advantages; the illumination is constant, and can be directed by a nurse in any direction which the surgeon desires. In London daylight is often unprocurable, but when possible it is always I think preferable to any artificial light. The couch for operation must be arranged so that the operator does not stand in his own light, when he, as is usual, takes a position behind the patient.

The foot of the couch may be directed to the window, if the light is good; this gives the greatest convenience for assistants: or the side corresponding to the side of operation may be turned in this direction; but in this case any assistant is liable to interfere with the fall of light. When the operator is, as is often the case, single handed, there is no objection to this position.

When an operation is to be performed in a private house, it is well to choose an upper room with a north aspect. All curtains and dust-traps should be taken down, the carpet if possible taken up, and the floor scrubbed. The "table" should be high and narrow—at least 5 ft. 6 ins.

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