

phthisis bulbi. The sound eye is not usually affected before two weeks have passed, but may develop sympathetic trouble any time after that.

The first symptoms of sympathetic iritis should be very carefully watched for, as in the early stages the disease may be stopped by prompt enucleation of the wounded eye: They are:— (1) Photophobia. The patient complains that the light dazzles the sound eye and makes it water. (2) Lacrimation. The eye is slightly watery, becoming worse if light is thrown on it. (3) Ciliary injection. A very slight redness will be noticed around the margin of the cornea. (4) Failure of accommodation. The patient cannot hold the type as near to the eye as before. This symptom is due to the fact that the ciliary muscle, becoming irritated, is unable to focus the eye for the near point. The test is performed by taking the fine type, known as Jaeger No. 1, and finding just how near to the eye it can be read clearly. When the accommodation fails the patient will be obliged to hold the type several inches further off than he did the day before, in order to read it. This test should be performed every day.

If any of these symptoms are present, the doctor should be promptly informed, so that the wounded eye may be enucleated if he deems it necessary. The peculiarity of the disease is that a large amount of exudate is poured out from the iris and ciliary body and the pupil filled up. No matter how often another pupil is made, the exudate pours out and fills it up; and finally the eye shrinks up and vision is entirely lost.

After the disease is well started we have the usual symptoms of iritis,—discolouration of the iris, irregularity of the pupil, etc.,—but by that time treatment is almost useless; so it is important to recognize the disease in its early stages.

Appointments.

LADY SUPERINTENDENT.

MISS LYALL, who is at present Head Nurse at the East Poor House, Aberdeen, has been appointed Lady Superintendent of the Hospital for Women and Children, Edinburgh.

SISTER.

MISS F. E. GIBBON has been appointed Sister of the Operating Theatre at the Cumberland Infirmary, Carlisle. Miss Gibbon was trained for three years at the Royal Infirmary, Liverpool, by the Liverpool Nurses' Training School. Since then she has been on the private nursing staff of that institution for a year, during which time she has occasionally taken temporary duty in the Hospital as Sister of the Surgical Wards and in charge of the Operating Theatre.

Army Nursing Notes.

THE Queen's visit to the sick and wounded at the Herbert Hospital, Woolwich, on Thursday, was the occasion of much enthusiasm.

We are indebted to Mrs. Freer Spreckley (late Sister Farnsworth) for the following interesting items received in a batch of half a dozen letters from Sister Child at Kimberley.

"Thursday, October 12th (written in train).—I started last night by the 9.30 p.m. train from Cape Town, and expect to get to Kimberley to-morrow (Friday). Dr. and Mrs. Watkins are most kind to me. A train left half an hour before us crowded with soldiers for the front."

"Friday, 13th.—I could not continue writing last night, as we met a train which brought us the cheerful news that we should be stopped at De Aar, and not allowed to cross the border. Of course, this put us all on the *qui vive*. However, as night wore on, we reached De Aar, and only stayed long enough for the engine to take water. This morning, when we got to Orange River, at 5.30 a.m., we felt quite reassured at seeing all *our* soldiers guarding the bridge—the field looked most interesting with the camps and men. We were greeted at the station by Major Milton and Captain E. Wood, who were passengers on the *Norman*, and they told us we should get into Kimberley all right. Numbers of trains have passed us on the way back to Cape Town, quite empty, having deposited the soldiers at their different quarters.

"12 noon.—I am at my destination, having had a good breakfast and refreshing bath, and I am delighted to turn into bed and rest.

"Everyone feels rather nervous as to whether the fighting will affect us, as we are only three miles from the front. They seem to expect shells. Just now we heard something very like a cannon!"

"Saturday, 14th.—One thing I am greatly impressed by the nursing staff. *All* are very superior and charming women. I am a little at sea in the wards, finding all very strange and different from work at home, but that rather pleases me than otherwise, as it is a new experience. We have some startling surgical cases going on well, chiefly mining accidents. Everything reeks of iodoform!

"I forgot to say the very next day after we crossed over the Orange River the bridge was blown up, so all travelling to Cape Town for the present is over."

"October 21st.—I am beginning now to know the patients a little, but it was most confusing at first, 42 of them and all coloured men, I could not distinguish one from the other, and as very few of them understand English it is rather trying. My staff nurse and probationers speak both Dutch and Kaffir. The work is most interesting; we get all the native operations both male and female, as my ward has the theatre attached, and casualties come in every hour almost, they are very fond of stabbing each other. The hospital is a very large one, all wards are like separate houses with verandahs covered with flowers

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