

At its lower part, the lacrymal sac opens into the nasal duct, a canal about $\frac{3}{4}$ in. long, by which the tears are conveyed to the nose. This lower division of the two passages is surrounded entirely by bone, and therefore in this part of its course it is more readily occluded than elsewhere. Its opening into the lowest part of the nose is covered by the inferior turbinate bone. The course of the nasal duct from the lacrymal sac to the nose is from above downwards, outwards, and a little backwards. The size of the passage varies considerably, but most commonly is at least 3 mm. (about 1-8th of an inch) in diameter. The course of the duct must be remembered when a probe is passed. There are several imperfect valves in the course of the tears which have received names, one at the lower and one at the upper end of the nasal duct are fairly constant, and the upper often forms a trap for the point of the probe, preventing its entering the duct proper. Occasionally loose eyelashes or cut hairs lodge in the canaliculus and with their sharp points give rise to much irritation. If they are of fair colour they may be easily overlooked.

The eyeball with its supporting cone of fat forms a perfect ball and socket joint, and the globe rotates within the cavity round various axes as the muscles move it. When we say we turn the eye up or to the side, the whole eye does not move up or to the side but merely rotates round a vertical or transverse axis. If the posterior attachment of the straight muscles were in the line of the visual axis the movements would be quite simple, but, as a matter of fact, they are attached round the optic foramen considerably to the inner side of this line, but in the same horizontal plane, consequently, though the lateral recti are able to move the eye round a vertical axis in a simple manner, the inferior and superior recti rotate the eye on an axis which is not transverse, but at right angles to their length, and therefore the cornea instead of moving vertically upwards, rotates upwards and inwards towards the optic foramen. The obliquity of the action has to be corrected by the two "oblique" muscles, which act almost at right angles to the superior and inferior recti. Upward movement is therefore a combination of the action of the inferior oblique and the superior rectus, downward rotation similar is performed by the inferior rectus and the superior oblique muscles.

These muscles are not all supplied by the same nerve. The third cranial nerve supplies the majority, but the fourth supplies the superior oblique, and the sixth the external rectus; consequently while a paralysis due to the injury of a nerve trunk is confined to a single muscle if the fourth or sixth nerve is affected, any lesion of the third nerve is likely to cause paralysis of

more than one of the muscles supplied by it. The nuclei of these nerves situated in the base of the brain are very closely interconnected. It is clear at once that this is necessary: if the eyes rotate to the right, the right sixth nerve, and a branch of the left third nerve transmit equal impulses to the right external and left internal rectus. This result could only be attained with certainty by close communication between the nuclei. Hence a lesion of the brain, almost without exception, never affects a single muscle, and the mere presence of an isolated paralysis is strong evidence that the cause is to be sought in the course of a nerve.

(To be continued.)

Appointments.

MATRON.

Miss Janet Lambton has been appointed Matron of the "Rest" Convalescent Home, Porthcawl. Miss Lambton was trained at the Royal Albert Edward Infirmary, Wigan, and has held the appointments of Matron of the Croydon Hospital, Matron of the Chesterfield and North Derbyshire Hospital, and Matron of the Beckett Hospital, Barnsley.

Miss Valetta Shout has been appointed Matron of the Sanatorium, Morecambe, Lancashire. She was trained at the Alexandra Hospital for Children, and at Addenbrooke's Hospital, Cambridge, and has held the positions of staff nurse at the Sanatorium, Hull, Charge Nurse at the City Hospital, Liverpool, and Matron of the Convalescent Home, Skegness.

ASSISTANT MATRON.

Miss Hettie Shorto has been appointed Assistant Matron at the Royal Hospital, Portsmouth. She was trained at the Royal Surrey County Hospital, Guildford, and has held the positions of Staff Nurse and Private Nurse in connection with the Sussex County Hospital, Brighton, and Sister at the Royal Hospital, Portsmouth.

SUPERINTENDENT SISTER.

Miss Mary Ridley Makepeace has been appointed Superintendent Sister of No. 5 Stationary Hospital, Bloemfontein. She was trained at the London Hospital, and subsequently held the position of Staff Nurse at the Throat Hospital, Golden Square, and Charge Nurse at the Fountain Fever Hospital and the General Hospital, Croydon, she entered the Army Nursing Service in 1894, and after a period of service at the Royal Victoria Hospital, Netley, was transferred to the Station Hospital, Shorncliffe. For over a year she has acted as Superintendent of Nursing on the hospital ship "Avoca."

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