

or four hours before the operation. The lids should be carefully washed with warm water and then with sublimate solution and covered with a pad of cyanide of mercury gauze tissue. I prefer the patient to have a single drop of eserine solution (gr. ij ad ℥i) instilled into the eye half an hour before, and then followed at five minutes' interval by a solution of cocaine (gr. xx. ad. ℥i). This is dropped into the eye every four or five minutes until the time of operation. The solutions must either be freshly made, or boiled immediately before use.

Between the drops the eye must be kept shut, otherwise the conical epithelium becomes loosened, and very readily strips off. The reason for the use of eserine is that it contracts the pupil and renders the iris less likely to prolapse. In the case of women, the hair should be arranged in two plaits. The head is covered by a cap wrung out in an antiseptic solution.

When the patient is on the table, the surgeon presses the two lids together so as to evert their margins and washes the bases of the cilia carefully. Then the speculum is inserted, and the conjunctiva is abundantly irrigated, and by lifting the speculum, the under-surface of the tarsal cartilage is washed, or the lids may be everted and their inner surface swabbed over. This care of the tarsal surfaces is an important point, for they will lie in contact with the wound, and will form in fact the most immediate dressing thereof. If they are septic, a good result is not likely to ensue. Lastly, the irrigation of the conjunctiva is repeated. This completes the previous preparation of the patient; if these precautions are taken, sepsis may usually be avoided.

The operation for the removal of cataract most often selected in this country is that known as the combined operation, because an iridectomy is performed, as well as the extraction of the lens, either at the same time, or as a separate operation several weeks before the opaque lens is removed. In the simple operation an iridectomy has no part. The question of the choice between the simple and combined procedure may detain us for a moment. The chief advantage of the former lies in the retention of the normal circular pupil. Too much stress has, I think, been laid on this, since the gap in the iris (or *coleboma*) is always placed upwards, so as to be largely hidden by the upper lid. It is stated, however, that *erythropæa*, *i.e.*, red vision, is more common after the combined than after the simple operation, and it is suggested that the larger size of the pupil has to do with this. On the other hand, its advantages are to do away, in great measure, with the prolapse of the iris, which is one of the chief and perhaps the commonest source of failure in the simple operation, and to allow easy escape of the lens without bruising the edges of the pupil.

(To be continued.)

Appointments.

MATRONS.

Miss Cox-Davies has been appointed Matron of the New Hospital for Women, Euston Road. She was trained and certificated at St. Bartholomew's Hospital, where she was gold medallist of her year, and where she afterwards held the position of Sister of Faith Ward. Miss Cox-Davies was one of the four Sisters who went out to South Africa in the recent war, in connection with the Portland Hospital, being granted leave of absence by the authorities of St. Bartholomew's Hospital for this purpose. She subsequently received the South African War Medal for her services in this connection. She at present holds the position of Matron of the Royal Devon and Exeter Hospital, Exeter. She is a member of the League of St. Bartholomew's Nurses.

Miss Emily Lowe has been appointed Matron at the Sanatorium, Baguley. She was trained at the London Hospital, Whitechapel, where she subsequently held the position of Staff Nurse, and Nurse in charge of the infectious block. She has also been Night Superintendent at the Eastern Hospital, Homerton, where she acted temporarily as Assistant Matron and Housekeeper, and Assistant Lady Superintendent at Monsall Hospital, Manchester.

Miss Stenhouse has been appointed Matron of the Longriggond Hospital, Lanarkshire. She was trained at the Victoria Infirmary, Glasgow, and the Belvedere Fever Hospital, and has had experience of private nursing in connection with the Glasgow Nurses' Co-operation. She holds the certificate of the Glasgow Maternity Hospital.

Miss Charlotte Richmond Mill has been unanimously appointed Matron of St. George's Hospital, Bombay. She was trained and certificated at the Royal Infirmary, Dundee, and subsequently held the position of Sister at the Western Infirmary, Glasgow, and also for three years in the Army Nursing Service. In 1894 she was appointed Assistant Matron at the Infirmary, Lewisham, where she remained until 1897, when she was sent out to Bombay by the Government in connection with the Plague Nursing Service, to which she is still attached. In the course of her five years' work she has had considerable experience in the examination in relation to plague of all female passengers coming into port. She is now working at Poona. Miss Mill is a member of the Society for the State Registration of Trained Nurses.

Miss Louisa Basan has been appointed Matron of the Standerton Hospital, South Africa. She was trained and certificated at St. Bartholomew's Hospital, and has held the positions of Charge Nurse and Night Superintendent at the Fountain Fever Hospital, Tooting, and Assistant Matron of the North-

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