

ceded by cicatricial contracting bands in the vitreous or retina; it may be brought about also by a blow on the eye. Lastly, tumours of the choroid push the retina away from its normal position.

From whatever cause arising, the symptoms are to a great extent the same. The detached retina is deprived of its normal power, and therefore the visual field is contracted to a degree more or less closely corresponding. Even where the power of recognising the presence of light is retained, a right judgment of its place is lost, projection is faulty. The new space between choroid and retina is filled with fluid. It would seem that this fluid must be of a higher specific gravity than the vitreous, for it is always noticed that if a detachment occur in the upper hemisphere, the retina below soon becomes affected—as if the sub-retinal fluid flowed by the influence of gravity under the retina to the lower part of the eye.

Hence most extensive detachments are found in the lower region, and the patients complain of a cloud or curtain falling from above. Eventually the whole retina is displaced and forms a fold membrane, sometimes compared to a convolvulus flower, fixed only at the papilla and the ora serrata; in this stage the lens often becomes cataractous, the colour of the opacity is frequently a creamy white. It is, of course, no use to remove the opaque lens, since the retina is not functional; we often see in these cases the iris adherent to the lens. This may take place with no obvious inflammation. It is sometimes called "quiet iritis."

Treatment of this condition is unfortunately most uncertain and unsatisfactory. The chief good is to be found by complete rest in bed. The sufferers often, of their own accord, volunteer the suggestion that their vision is better after a night's rest. Many methods have been devised to assist in getting rid of the sub-retinal fluid. Tapping the sclera in the region of the detachment and withdrawing the fluid; incising the retina so that it may fall back into place; injecting strong saline solutions under the conjunctiva to promote osmosis and absorption; or pilocarpin hypodermically—all have been tried, and have succeeded occasionally, but in the large majority of instances have failed.

The most rational line of treatment is to be sought, it appears to me, in complete rest in bed, with injections of pilocarpin, gr. $\frac{1}{4}$ or $\frac{1}{8}$, and perhaps puncturing the sclerotic.

The rest must be complete; the head must not be raised, and the patient must not leave his bed on any pretext, and should, as far as possible, remain in one pose.

Since in a number of instances malnutrition of the vitreous is an important factor, anything must be done to improve the general and local health.

(To be continued.)

Appointments.

LADY SUPERINTENDENTS.

Miss Sarah Louise Longton has been appointed Lady Superintendent of the Manchester Children's Hospital, Pendlebury. She was trained at St. Helen's Hospital and at St. Thomas's Hospital, London, her length of service in the latter institution being nearly seven years, during which time she held the position of Sister in Medical, Surgical, and Accident wards, Night Superintendent, and Sister of the Nightingale Home.

Miss L. P. Lessey has been appointed Lady Superintendent of the Meath Home of Comfort for Epileptics, Westbrook, Godalming. She was trained at the London Hospital, and has held the positions of Charge Nurse and Matron at the Boston Hospital, Lady Superintendent of the Taunton and Somerset Hospital, and Matron of the General Hospital, Tunbridge Wells.

MATRONS.

Miss A. Effie Dolbell has been appointed Nurse-Matron of the Cheriton Isolation Hospital. She was trained at the Kent and Canterbury Hospital and at the North-Eastern Fever Hospital, and has held the positions of Staff Nurse at the Fulham Infirmary, Staff Nurse at the County Hospital, Dorset, Charge Nurse at the Park Hospital, Hither Green, and Head Nurse at the Isolation Hospital, Mylands, Colchester.

Miss Dorothy Salt has been appointed Nurse-Matron of the Iver Langley and Denham Cottage Hospital, Iver Heath, Bucks. She was trained for two years at the Children's Hospital, Derby, and for thirteen months at the Hospital and Dispensary, Rotherham, and has held the positions of Charge Nurse at the Fever Hospital, Scarborough, private nurse in connection with the York Home for Nurses, and private nurse, and later Queen's District Nurse, on the staff of H.R.H. Princess Christian's Trained Nurses at Windsor.

Examinations at "Bart.'s."

At the recent examination of probationers at St. Bartholomew's Hospital, the gold medal which is awarded to the nurse who heads the list in the final examination was gained by Miss Styles, and the Clothworkers' prize of books by Miss Macfarlane, who came out first in the examination of probationers at the end of the first year. We understand that the standard attained by the candidates was unusually high, and there was quite a little crop of candidates worthy of the Gold Medal.

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