ment of a toxin in the intestines set up by a virus given off by the parasites.

Of the multitude of disorders met with in persons suffering from ankylostomiasis, the following are the more generally met with:—Heartburn, nausea, vomiting (sometimes even of blood), a white-coated slimy tongue, ulcer or dilatation of the stomach, and stools of a dirty brownish-red colour, due to altered hæmoglobin; palpitation of the heart and shortness of breath, due no doubt to the loss of blood and to the diminution in the hæmoglobin. Dropsy of the lower limbs at times sets in, and in bad cases ascites and hydrothorax. The temperature remains low after the first few days of illness.

Diagnosis.—Anæmia occurring in miners should, in temperate as well as in warm climates, cause a search to be made in the stools for the characteristic ova of the Uncinaria (Ankylostomum). Even when no ova can be discovered in the stools, experimental cultures should be made with the fæces to facilitate diagnosis. The examination of the stools serves to differentiate ankylostomiasis from chlorosis, pernicious anæmia, malarial or cancerous cachexia, and certain cardiac affections.

Prognosis.—When the disease has been diagnosed and appropriate remedies given, the prognosis is favourable. It is only when the disease has far advanced that there is danger to life.

Treatment.—Prophylaxis: Seeing that the larvæ develop in moist earth, and may contaminate the hands, food, and water, scrupulous cleanliness must be observed; suspected water must be boiled, and all necessary precautions taken to guard against dust, &c., gaining access to even the cooked food. Sulphur or some other potent disinfectant ought to be applied to the soil in the neighbourhood of infected dwellings, and shoes should at all times be worn to protect the feet from infection by the soil.

Medicinal treatment consists in (a) the expulsion of the parasites and (b) the relief of the attendant anæmia. For the expulsion of the parasite thymol is specific. The dose should be 32 grains, administered at 8 a.m. and 10 a.m., and a dose of castor oil given two hours after the second dose of thymol.

The anæmia, heart weakness, &c., are to be treated on general principles when such conditions arise from other causes.—*Medical Times.*

Clean Catheters.

If the prostatic patient is to be entrusted with a catheter, it should be remembered that it is extremely important that the instrument should be kept thoroughly disinfected. There is only one safe way for the patient to do it, and that is by boiling. While it is true that this process will rapidly destroy the catheter, making its life a short one, the patient must be made to realise that it is better for him to buy new catheters pretty often than to run the risks of infection.

Nursing of Diseases of the Eye.

By HAROLD GRIMSDALE, F.R.C.S.,
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(Continued from page 28.)

INJURIES OF THE EYE.

The best way of applying cold is by means of iced compresses. A block of ice of some size should be placed at the patient's side wrapped up in a piece of flannel; it may stand in a basin of convenient size. Three or four large pads (about 4 in. in diameter) of gamgee tissue or folded boracic lint should be placed on the upper surface of the ice, covered by the flannel. In a few minutes they will be quite cold. If the patient has been operated on, one of these cold pads may be secured over the thin dressing by a second turn of the bandage. If the cold is ordered for any other condition the iced pads may be laid directly on the lids so long as they are dry.

Five or ten minutes usually suffice to raise the pad to the body temperature. It should then be taken off and put back on the ice, while the second pad is placed on the patient. In this way a succession of cold dry pads are at hand. If the patient is able to see, he may find it interesting to manage the changes himself; but it is absolutely necessary in operation cases for the nurse to look after them. The arrangement of the pads on the ice and the covering by the flannel are not very easy for a half-blind man to look after, especially as he must remain on his back during the operation.

An ice-bag is used by some surgeons; this is heavier and more irksome to the patient, and, if the eye is tender and painful, cannot readily be borne. The same objection applies to Leiter's tubes.

Nothing is so comfortable to the patient as the light iced pad, but the other methods are less laborious to the nurse, and, under certain circumstances, may have to be adopted. As a means of preventing œdema or of causing cessation of hæmorrhage the cold is of great value. In many cases of spasm of the lids from conjunctivitis, or corneal lesion, also, it gives great relief.

The nurse must watch these cases carefully and note whether there is any sign of failure of union in the wound; this is especially likely to occur near the centre. When it occurs, an immediate plastic operation may close the gap, but if interference is long delayed, it is, as far as I have seen, doomed to failure.

Burns of the eye from chemicals, or heated metal, are not uncommon in hospital practice.

On several occasions I have seen burns from melted lead or solder which has splashed into the eye. There may be a thin layer of lead forming a cast of the conjunctival sac, and covering the globe more or less completely. Contrary to what might be expected, the results of such injury are seldom

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