

serious. The scale of metal can be easily picked off with forceps; and the cornea is found beneath it, scarcely, if at all, damaged. The danger of chemical injury is, on the other hand, often much more serious than is at first apparent. It is usually recommended to neutralise the chemical agent by some appropriate substance. It is very doubtful whether this is ever advisable. Even if the accident were seen to occur, the delay in procuring the antidote would probably allow of more injury than would be compensated for by the chemical action. When a solid caustic substance, such as quicklime, has been the cause of the injury, cocaine in castor oil should be dropped in the eye, if at hand, and all solid fragments rapidly removed at once. The eyelids must be everted to aid in the search. Then a copious stream of tepid water should be poured over the part to remove any minute pieces that may have escaped the surgeon. The danger of the action of lime lies in the fact that it destroys the conjunctiva or any other moist tissues with which it may be in contact, deeply, and, as the tears are secreted on the unslaked lime, the action continues until all is slaked; for this reason the fragments are removed before irrigation.

If the conjunctiva be destroyed, adhesions are apt to form between the lids and the globe, the condition called symblepharon. It will be the duty of the nurse to attempt to prevent their formation by passing a probe daily round the cul-de-sac, breaking down new adhesions, and then lubricating the separated surfaces with castor-oil. Sometimes it is necessary to cause the patient to wear a glass shell over the eye, in shape something like an artificial eye, but of transparent glass, for some hours daily, during several weeks or months. This must be introduced and removed by the nurse in the same way as an artificial eye. It can rarely be worn for many hours at a time, owing to the irritation that it sets up.

(To be continued.)

Appointments.

MATRON.

Miss Emeline Deborah Lynch has been appointed Matron of the White Oak (Ophthalmia) School upon the Metropolitan Asylums Board. She was trained at St. Bartholomew's Hospital, and has held the position of Matron and Superintendent of Nurses at the Ophthalmia School, Hanwell.

SISTER.

Miss Lillian Finche has been appointed Sister at the North Devon Infirmary. She was trained for three years at the Royal Albert Hospital, Devonport, and since obtaining her certificate has worked on the private nursing staff of this institution.

The King's Sanatorium.

DR. LATHOM'S ESSAY.

The ideal is always interesting, even if it only serves to show how far we are at present from perfection, and Dr. Lathom's essay on "The King's Sanatorium" is of great service in putting before us clearly and concisely the essentials in construction and the details of working considered by the most up-to-date authorities as necessary for the proper carrying out of the open-air treatment for consumption in a sanatorium.

There are, however, several practical points connected with the nursing of the patients in this essay to which I should like to draw the attention of your readers, and the more especially so because Dr. Lathom has considered the details of his scheme so very minutely that it may seem almost impertinent to criticise any of his suggestions, were it not that, having been working in an open-air sanatorium for the past four years, I think I may fairly claim to have some little knowledge of the nurses' work and special difficulties in these institutions.

In case the readers of this journal have not seen Dr. Lathom's paper, I must explain that the buildings are to consist of six blocks, connected by covered ways and standing in extensive grounds.

One block is to contain the dining-hall and administrative offices, &c; two others are for thirty-six poor male and thirty-six poor female patients respectively; the fourth block is for sixteen patients confined to their rooms; another block is for twelve "paying" patients; and the sixth block is for engine-house, laundry, &c.

The medical staff consists of a medical superintendent and three junior medical officers; the nursing staff of ten nurses (presumably trained); the domestic staff for the eighty-eight poor patients, of a Matron, cook, ten female servants, and five male attendants; whilst for the twelve wealthy patients a superintendent or housekeeper, a cook, six female servants, and four male attendants are provided.

The ten nurses appear to be in a somewhat peculiar position, as they are intended to divide their services between the necessitous and more wealthy patients; the Matron, evidently not a trained nurse, as she appears to rank next to the cook on the domestic staff, presumably looking after the nurses when they are on the poor side, and the superintendent when they work among the better-class patients. It is difficult to see how the nursing staff will be controlled by two independent and untrained heads.

Again, it is expressly stated that the King's Sanatorium is not for convalescent cases only—sixteen of the necessitous eighty-eight are supposed to

[previous page](#)

[next page](#)