Appointments.

MATRON.

Miss Madeleine M'Ardle has been appointed Matron of the Chester Isolation Hospital, in place of Miss Bland, who has resigned the post upon her marriage. Miss M'Ardle has recently held the post of Night Superintendent and deputy Matron at the City Hospital, Liverpool.

ASSISTANT MATRON.

Miss L. M. Stoward has been appointed Assistant Matron to the Hackney Union Infirmary. She was trained at the Leeds General Infirmary, and has held the positions of Nurse and Sister at the Yorkshire Co-operation for Nurses. Miss Stoward is a member of the Army Nursing Service Reserve.

HOME SISTERS.

Miss Mary Read has been appointed Home Sister at the West Ham Union Infirmary. She was trained at St. Thomas's Hospital, London, and at the East London Hospital for Women and Children, Shadwell. She subsequently worked as Sister at the Monsall Fever Hospital, Manchester, Bethnal Green Infirmary, and at the Islington Infirmary at Highgate.

Miss Maud O'Rowden has been appointed Home Sister at the Norfolk and Norwich Hospital. She received her training at the Adelaide Hospital, Dublin.

SUPERINTENDENT.

Miss Caroline Atkins has been appointed Superintendent of the Out-Patients' Department at Queen Charlotte's Hospital, London. She was trained for three years at the Newport and County Hospital, Newport, and at Queen Charlotte's Hospital, where she has been for one year and nine months.

NIGHT SUPERINTENDENT.

Miss M. M. M. Brown has been appointed Night Superintendent at the Salop Infirmary, Shrewsbury. She was trained at the Royal Infirmary, Perth. For the past three years she has been employed as a Nursing Sister in South Africa, and at the Military Hospital, Colchester. Miss Brown also holds the certificates of the Glasgow Maternity Hospital and the London Obstetrical Society.

SISTERS.

Miss Kate Halsey has been appointed Night Sister to the Victoria Hospital, Folkestone. She was trained for three years at King's College Hospital, Lond.n, and for the same period at the North-Eastern Ho. pital for Children.

Miss Helena Good has been appointed Sister at the North Devon Infirmary, Barnstaple. She was trained at the Royal Albert Hospital, Devonport.

Miss Annie Williams has been appointed Sister at St. Mary, Islington, Infirmary. She was trained at the General Hospital, Birmingham. She has also held the position of Charge Nurse at the Brook Fever Hospital, London.

Doisons.

By Miss E. L. B. Forster, Analyst to the Morgan Crucible Co.

TABLE NO. 2.

ORGANIC.

Bell idonna and its Preparations.

Atropa belladonna (natural order Solanaceæ) is a plant found growing wild and cultivated in England. It is known by the name of deadly nightshade. Both the root and the leaves are recognised in the British Pharmacopœia. The plant has a forked herbaceous stem, with numerous leaves on the upper branches. The leaves are in unequal pairs, very smooth and silky in appearance. They are broad, with an entire margin, and have a heavy odour. There is a solitary purple flower. They are used in medicine in the fresh and the dried state when they become brown in appearance and lose their colour.

The root is said to resemble gentian root. It is collected from plants about two years old. It is seen in rough pieces from 3 to 12 inches long; it is a dirty grey externally. Internally it is white. There is no odour and no taste to it. One characteristic of the root is that the pieces are generally tapering, from 1 or 2 inches thick down to a fine piece.

It may be distinguished from gentian by its light colour and the absence of taste and smell. Gentian is darker in colour, with a bitter taste and decided smell. Belladonna contains the alkaloid atropine, the root having a larger quantity than the leaves. It also contains hyoscyamine, belladonnine and colouring matter. It is the presence of atropine which makes belladonna such a valuable remedy. There are three extracts of belladonna. There is first the green, which is made from the leaves, spoken of as "extract of belladonna" only, and is always used unless otherwise stated. It is prepared by a special process, in which the colouring matter is retained. Its dose is $\frac{1}{4}$ to 1 grain.

There is an alcoholic extract, made from the liquid one; its dose is $\frac{1}{4}$ to 1 grain. Then there is the liquid extract, for which there is no dose. It is used as a source of belladonna for the other preparations. It is made from belladonna root.

There is a juice made from the leaves with alcohol, the dose of which is 15 minims; also a tincture made from the root, dose 5 to 15 minims. This is the preparation most frequently prescribed. There are a liniment, a plaster, and an ointment made from the liquid extract, and a suppository is made from the alcoholic extract. Then we have the alkaloid atropine, its salt, and its preparation.

Belladonna is prescribed to stimulate the circulation and respiration. It is useful in constipation; employed in epilepsy, nervous cough, asthma. In



