

## Queen Alexandra's Imperial Military Nursing Service.

The following ladies have received appointments as Staff Nurses:—Miss E. C. Macpherson, Miss A. Ayre.

PROMOTIONS.—The undermentioned Staff Nurses to be Sisters: Miss A. R. F. Auchmuty, Miss S. K. Bills, Miss B. N. Daker, Miss G. Knowles, Miss C. Mackay, Miss W. G. Massey, Miss B. Rennie, Miss M. Worthington.

RESIGNATION.—The following Staff Nurse has resigned her appointment: Miss E. M. Keays.

POSTINGS.—*Staff Nurses*: Miss H. Hartigan, Miss H. M. E. Macartney, Miss E. M. Rentzsch, to Royal Herbert Hospital, Woolwich; Miss M. J. Hepple, to Cambridge Hospital, Aldershot; Miss K. Roscoe, to Royal Victoria Hospital, Netley.

CHANGES OF STATION.—*Matron*: Miss B. I. Jones to Military Hospital, Millbank, S.W., from Royal Herbert Hospital, Woolwich. *Sisters*: Miss E. M. E. Todd to Connaught Hospital, Aldershot, on return from South Africa; Miss A. Barker, to Chatham, from Station Hospital, Rochester Row, S.W.; Miss L. M. Culverwell, to Military Hospital, Millbank, S.W., from Station Hospital, Rochester Row, S.W.; Miss C. G. Stronach, to Egypt, from Connaught Hospital, Aldershot; Miss A. R. F. Auchmuty, to Connaught Hospital, Aldershot, from Cambridge Hospital, Aldershot; Miss C. Mackay, to Military Hospital, Millbank, S.W., from Royal Herbert Hospital, Woolwich.

STAFF NURSES.—Miss S. O. Beamish, to Royal Herbert Hospital, Woolwich, from Shorncliffe; Miss L. Cunningham, Miss A. M. Orchard, Miss E. M. Robinson, to Military Hospital, Millbank, from Royal Herbert Hospital, Woolwich.

APPOINTMENTS CONFIRMED.—*Staff Nurses*: Miss G. M. Allen, Miss K. M. Bulman, Miss E. Foster, Miss M. E. M. Grierson, Miss A. M. Orchard, Miss N. Blew, Miss L. M. Dann, Miss M. S. Ram, Miss M. F. Steele.

## "Queen Alexandra" Sanatorium.

At a dinner held on Tuesday in the Grand Hall of Prince's Restaurant, Piccadilly, at which Lord Balfour of Burleigh presided, and which was influentially attended, Mr. Asquith proposed the toast, and pleaded the cause, of "Prosperity to the Queen Alexandra Sanatorium." The Sanatorium has been established at Davos for the special treatment of an intermediate class of consumptive patients between the rich and the poor.

Lord Balfour of Burleigh, in acknowledging the toast, said he regarded it as an absolute duty on the part of the British race to provide such a sanatorium as this, which was to be specially reserved for English-speaking patients.

As the result of the dinner, subscriptions amounting to £3,000 were announced.

## Notes on Eye Operations.

By Miss EDLA R. WORTABET.

(Continued from page 369.)

*Trichiasis*, as may be imagined, is most disfiguring; the eyelids are screwed up, and the patient blinks frequently from the pricking of the eyelashes into the eyes.

This operation may be performed in the three following ways:—

1. An incision is made in the upper eyelid, the lower flap being sewn over the upper flap, thus overlapping it; the sutures being long enough to reach the forehead, they are fastened down with a strip of strapping. A dry gauze dressing is applied and the eyes bandaged for a few days, and the sutures are removed in a week's time.

2. An incision is made on the inner side of the eyelid, a strip of flesh is taken from the outside and inserted as a graft into the inner surface, and the outer side of the lid is sutured as before, and the sutures attached to the forehead by means of strapping.

3. A slight slit is made in the outer corner of the eyelid, the scissors cutting deeper into the inner than the outer side of the eyelid. This seems to open the eye and counteract the drawn, screwed-up appearance.

The mouth, teeth, and lower lip having been well cleansed, and cocaine having been injected with a hypodermic syringe into the lower lip, a strip is cut out, which is thrown into a clean vessel containing sterilised water.

An incision is then made on the *inner* side of the upper eyelid and this strip inserted as a graft.

The eye is closed, dressed, and bandaged, and in a couple of days the bandage removed and the graft has taken.

This latter mode of operation seems to me to be unquestionably the least disfiguring, and the quickest to heal. The inner side of the eyelid being of the same character as that of the lip, it stands to reason the graft should take quickest. There may be other methods of performing this operation, but these are the three I have seen performed by different oculists.

*Ophthalmia*, *trachoma*, and *trichiasis* are therefore the most frequent troubles to be dealt with in the East, but that does not mean that cataract, glaucoma, strabismus pterygium, and diseases of the lachrymal duct are not to be met with; on the contrary, they only add to the list.

*Glaucoma* is more serious than cataract, because it is less operable, and though it might take a long and chronic course, yet cases of blindness have followed in a few days.

Eserine used locally or an iridectomy are sometimes useful and successful.

[previous page](#)

[next page](#)