

(photophobia). The surface over the whitish spot, or infiltration, soon breaks down and we have a little grayish pit or ulcer, which goes on spreading. In very bad cases the ulcer may perforate, as already described in purulent ophthalmia. In ordinary cases, however, this does not occur. If the ulcer goes at all deeply into the substance of the cornea there will be a dense white scar formed in the healing. This scar is then known as a corneal opacity, and if it lies in front of the pupil is a serious impairment to vision. We have no way of getting rid of such a scar. A special form of the disease is known as phlyctenular keratitis. It occurs in children as the result of bad diet and poor hygienic surroundings. It is especially prevalent in the larger cities where the children are kept in crowded tenements, bathed once a week, and fed on salt meats, cheap pastry, and unlimited tea and coffee. The phlyctenule appears as a yellowish spot about the size of a pin-head on the corneal margin. There is usually dense red injection near it, and all the symptoms of keratitis are present. The child cannot bear the least light and holds its head down, and the eyes water continually.

Treatment of keratitis varies, of course, with the condition, but in general it consists of applications of hot water, instillations of atropine, and the correction of the constitutional trouble, whatever that may be.

Nursing.—The applications of hot water are usually made for fifteen minutes at a time and repeated every three hours. It is best applied on soft pads of sterilized cotton. The water should be as hot as the patient can bear it, and the pad allowed to rest on the lids until it cools slightly and then a fresh one applied. The object of the hot water is to stimulate the corneal circulation and to relax the muscular apparatus. To accomplish this the water must be very hot; if only lukewarm, it will entirely fail of its object.

This is usually the best means of relieving the sharp pain which is so often present. The atropine solution paralyses the iris and ciliary body, and so keeps the eye quiet. On the same principle that we rest any inflamed part, we try to "rest" the cornea. In dropping the atropine into the eye it is important to drop it near the external canthus, and not the internal. If it is dropped near the internal canthus, it is apt to run down the tear-duct into the nose and cause a very disagreeable dryness of the throat. Sometimes this occurs, no matter where we place the drop, in patients who are susceptible to atropine, and there is apt to be also redness of the skin of the lids, or even of the face, after the drop has been used; in fact, these two symptoms,—redness of the lid and dryness of the throat,—indicate a mild form of atropine poisoning. By

pressing over the tear-duct with the finger while the drop is put in we may often avoid the dryness of the throat.

In phlyctenular keratitis the regulation of the child's diet is of the greatest importance. They should, of course, be bathed daily, and, far from being allowed to sit in a dark corner, as they wish to do, they should be taken out for air and exercise every day. Yellow oxide of mercury ointment (gr. i. to 3 i.) is often used in these cases to stimulate the phlyctenules to heal. It is best applied by taking a little on the finger, and, with the child's head held firmly between the knees, the ointment is gently introduced between the lids and the lids rubbed gently, so as to spread it around. Of course, great care must be taken not to scratch the cornea with the finger while introducing the ointment.

*(To be continued.)*

## Appointments.

### MATRON.

MISS MARY WELLS has been appointed Matron of the Nurses' Home, to be opened in connection with the Nurses' Co-operation, 8, New Cavendish Street. Miss Wells received her training at the Children's Hospital, Pendlebury, and the Cumberland Infirmary, Carlisle; at the latter institution she has also held the position of Charge Nurse. She has also been Sister at the General Hospital, Birmingham. For the last two years she has been Assistant Superintendent at the Nurses' Co-operation.

MISS I. A. BODINGTON has been appointed Matron of St. Mary's Children's Hospital, Plaistow, E., vacant owing to the resignation of Miss E. Simmonds. Miss Bodington received her children's training at the Nottingham Children's Hospital, and at present holds the position of Sister of a male surgical ward at Charing Cross Hospital.

MISS ELEANOR CONSTANCE BARTON has been appointed Matron of Chelsea House, the new seaside home in connection with the Chelsea Infirmary, at Westgate-on-Sea. Miss Barton was a probationer at St. Bartholomew's Hospital from October, 1892, to October, 1894. She holds a one year's certificate from the Royal Hants County Hospital, from December, 1894, to December, 1895, and has recently held the position of Assistant Matron at the Chelsea Infirmary.

MISS MARY E. LAMB has been appointed Matron of the Cottage Hospital, Goole. Miss Lamb received her training at the General Infirmary, Bradford.

MISS E. H. JOHNSTON has been appointed Matron of the Stephen Cottage Hospital, Duff-

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