

its edges, and forms a kind of window in a flexible frame. The margins of the plaster are attached to the eyebrow, nose and cheek of the patient on the unaffected side, either by separate strips, or by an exposed edge left by cutting the external square one inch larger than the internal.

The lower margin may with advantage be left unadherent. If the shield be converted into an air-tight chamber, perspiration rapidly collects on the glass, and prevents any useful vision, as well as disturbing the surgeon's view. But when air is allowed to circulate under the shield, this is less apparent. The lower edge is chosen to leave open, as it is almost impossible for the pus from the opposite eye to gain access beneath this border. After a day or two one almost always sees in eyes thus closed a small quantity of mucus at the inner or outer canthus. This does not disturb us, so long as the lids and conjunctiva are not swollen.

Treatment of the affected eye aims at getting rid of the micro-organisms as thoroughly as possible. The advice given in the last article on personal carefulness against inoculation cannot be repeated here too strongly. The disease is more dangerous than the infantile form, and all precautions must be taken. Frequent copious douching with weak antiseptic lotions, and the daily application of strong protargol solution is necessary, and eserine gr. ii. ad. ʒj should be dropped into the eye four times daily. Where the lids are so much swollen that the douching cannot be effectually carried out, the upper lid may be divided vertically. This not only gives free access to the conjunctiva, but by relieving the cornea of the pressure of the lids, may in some cases avert ulceration. We cannot here say that if the cornea be unaffected when we see the case first, the eye will recover. Many eyes will be totally lost in spite of all our exertions. We must keep up the patient's mental and bodily strength by stimulants and tonics.

In favourable cases the discharge ceases and the eye returns gradually to a normal state. Frequently a papillary condition of the conjunctiva remains for months.

In less favourable cases the cornea may be destroyed in whole or part, and in some 40 per cent. complete loss of the cornea, with consequent protrusion of the weak scar tissue which replaces it, "staphyloma," results.

It often happens that when the cornea is ulcerating, the pain is greatly increased as the ulcer grows deeper—perhaps because the thinned remaining tissue is unduly stretched by the contained fluids. The pain in some cases suddenly ceases, and this is often regarded by the patient not unnaturally as a good sign, which he may even hail as a good omen for his recovery.

It however bears a different aspect to the surgeon; such sudden relief almost always means that the cornea has given way and that the contents of the globe, have, very likely, escaped.

It is, therefore, a sign of great gravity, for whenever the cornea perforates the prognosis becomes much less favourable—from the risk of general infection of the globe.

A small scar may heal flat without much disturbance of the curvature of the cornea, but a larger one always disturbs the surface greatly, and further is liable to bulge, owing to the constant intraocular pressure. Where such an accident is likely, careful steady pressure must be maintained by a bandage on the affected eye to counteract this.

*(To be continued.)*

## Appointments.

### LADY SUPERINTENDENT.

Miss Ida Chinnery has been appointed Lady Superintendent of the Walker Hospital, Simla. She was trained at the Middlesex Hospital, and for some years held the position of Sister at the Cama Hospital, Bombay. She was subsequently appointed Matron of the Convalescent and Surgical Home for Boys, Banstead, Surrey.

### MATRON.

Miss Theresa Russell has been appointed Matron of the Bromsgrove District and Redditch Isolation Hospital. She was trained by the Nightingale School at St. Thomas' Hospital, and has held the position of Sister in the same institution.

Miss Cox Davies has been appointed Matron of the Royal Devon and Exeter Hospital, Exeter. She was trained and certificated at St. Bartholomew's Hospital, where she was gold-medallist of her year, and for some years past has held the position of Sister of Faith Ward in the same Hospital. When the Portland Hospital was despatched to South Africa in the early days of the present war, Miss Cox Davies was one of the four Sisters appointed in connection with it, and was granted leave of absence by the authorities of St. Bartholomew's for this purpose. On her return she received the South African Medal for her services to sick and wounded soldiers. Her career so far has thus been a distinguished one, and we wish her all success in her new appointment. She is a member of the League of St. Bartholomew's Nurses, to which, during the inaugural period she acted as Hon. Secretary, and did much hard work in this connection.

### CHARGE NURSE.

Miss Wilhelmina L. E. Ellis has been appointed Charge Nurse at the Eye Hospital, Oxford.

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