

infiltration at the limbus. It is therefore impossible to judge of the condition of the cornea, and still more, therefore, to give an accurate prognosis, without inspecting the whole eye carefully. Sometimes one may succeed in getting a view of the cornea by turning the child away from the light; sometimes he will bear the reflection of an electric lamp by an ophthalmoscope mirror, when daylight cannot be borne, but often no view can be obtained. Then an anæsthetic must be given; if it be attempted to see the cornea by force, a deep ulcer may be ruptured and the lens and vitreous may be expressed.

In the majority of cases the ulcer is small and clean; sometimes it will be found with a dirty grey base and a ring of infiltration all round. The pain in such instances is usually quite severe. Such ulcers are often complicated by hypopyon, pus in the anterior chamber. This appears as a small white crescent, situated usually at the bottom of the anterior chamber, and having a fairly horizontal upper margin.

If the patient has been lying continually on one side the hypopyon will tend towards that side. The source of the pus is not the ulcer in most cases—for this rarely perforates—but the iris, and its appearance shows that a troublesome complication (iritis) has commenced.

The importance of the diseases varies with the position and nature of the corneal lesions. So long as the ulcers are marginal they will not have much effect on the vision. If they are superficial they will heal with scarcely a discernible trace; even if they are deep there will be a permanent scar so far removed from the pupillary area as to interfere very slightly with the acuity of vision. Phlyctenular ulcers rarely, in my experience, perforate; but I have seen perforation occur at the margin, and anterior synechia form with persistence of normal vision. As soon as the ulcer invades the central region, however, the results are much more serious; the scar is not, as a rule, more than a slight opacity, but for this very reason may interfere more with vision than a denser, because light falling on the nebula where the normal curvature of the cornea is altered, passes through irregularly, and by diffusion blurs the retinal image.

There is a very strong tendency to recurrence. Many children suffer once or twice a year for a number of years, and any particular attack is very prone to relapse.

(To be continued.)

The King's Illness.

As we go to press, the whole Nation is saddened by the sudden tidings of the grave illness of His Majesty the King, and the general rejoicing in anticipation of the great historical ceremony, so long and eagerly looked forward to, is now merged in universal sorrow. It will be some slight consolation to our beloved Queen that the whole Empire with deepest and most heartfelt sympathy watches with her beside the bed of the suffering monarch, Nurses and doctors more than any other section of the community realise the critical nature of the King's condition.

Appointments.

MATRON.

Miss Ellen O. Coffey has been appointed Matron of Barrington's Hospital, Limerick. She was trained at Sir Patrick Dun's Hospital, Dublin, and subsequently nursed for five years on the private nursing staff of this institution. Recently she has held the position of Staff Nurse in the Hospital of which she has now been appointed Matron.

Miss Adela M. D'Arcy has been appointed Matron of the Hospital, Jarrow-on-Tyne. She was trained and certificated at the Sussex County Hospital, and has been Staff Nurse at the Suffolk General Hospital, Bury St. Edmunds, District Nurse at Gloucester, Staff Nurse at the General Infirmary, Worcester, Sister at the General Infirmary, Bolton, Private Nurse in connection with the Nursing Institute, Cambridge, Sister at the Royal Infirmary, Aberdeen. She also for a short time held appointments at the Kensington Infirmary, the Wolverhampton and Staffordshire General Hospital the Andover Cottage Hospital, the London Throat Hospital, Great Portland Street, the London Orphan Asylum, Watford, Malmesbury Cottage Hospital and the Bridgend Hospital.

Miss Persis Scott Pratt has been appointed Nurse-Matron to the Kingswood District Nursing Association, Bristol. Miss Pratt was trained and certificated at the London Temperance Hospital, where she afterwards held the position of Sister in a Women's Medical Ward. She has also done Sister's holiday duty at the London Hospital, and has held the position of Sister at the Hospital of St. Cross, Rugby. For the last four years she has been Sister-in-Charge of the Nurses' Home attached to the Royal Infirmary, Bristol.

Miss Mary MacKay has been appointed Nurse-Matron of the Isolation Hospital, Taunton. She was trained at Knightswood Small-pox Hospital, Glasgow, of which she was subsequently placed in charge. She has also been sister in the Scarlet-fever Pavilion at Middleward Hospital, Motherwell, and Assistant Matron at the Fever Hospital, Nitshill.

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