

either local or general signs of poisoning are seen. The latter is most commonly found well developed in children.

In adults the signs rarely go beyond a dry mouth and throat. In children, delirium and a scarlatiniform rash is not very uncommon, and is naturally most alarming to the parents. In children, therefore, strong atropine must not be used; an ointment containing gr. ij. to the ounce is enough.

Locally, atropine provokes a dermatitis which may simulate erysipelas. Some patients are so susceptible that a single drop of solution gr. ij. ad ℥i. brings on the symptoms at once. It may be prevented in part by smearing the skin with vaseline or zinc ointment, but cannot often be wholly done away with. The signs of this condition are swelling and redness of the lids, with a peculiar glazed appearance of the skin. There is often much irritation. The omission of the mydriatic soon brings about a cure. Unfortunately, all mydriatics seem to have a similar effect to that of atropine, and, if this dermatitis appear, it is difficult to know what to do to maintain or attain dilatation of the pupil. Scopolamine gr. ss. ad ℥i. is perhaps less irritating than atropine, and duboisine has been recommended, but the result has not been encouraging. Children rarely suffer from this local trouble.

The general toxic effects of atropine can be to a great extent prevented if care be taken that the drop containing the drug is not immediately squeezed by the orbicularis down the canaliculi. For this reason the lower lid should be held away from the globe for a few seconds after each instillation, and the patient's head inclined to the same side to prevent the solution coming into contact with the puncta lachrymalia.

In cases where the risk of intoxication appears very great, the lachrymal sac may be compressed by the finger while the drop is placed in the lower lid.

When, in spite of all efforts, the pupil does not dilate at all, there is considerable fear of the onset of secondary glaucoma, and an iridectomy may be necessary. This will be described in a later lecture.

Syphilitic iritis is a common disease, and usually occurs as a late secondary symptom. It resembles rheumatic iritis in many respects, but there are frequently, in addition, vascular pinkish nodules on the iris, which have been called "gummata," but probably rather resemble condylomata.

These nodules are rarely found in the middle of the iris, almost always at the ciliary or pupillary margin. Hypopyon, which, as we have seen, is very rare in the rheumatic form, is considerably more common in syphilitic iritis.

The local treatment required varies not at all from that which we have just been describing. Adhesions are more extensive when the so-called

"gummata" are present, though they are rarely so numerous as in the rheumatic disease.

They offer, therefore, more resistance to atropine, but the whole pupil is less likely to be affected.

General treatment by mercury and the iodides will not be omitted by the surgeon, and is of more importance than in the preceding case.

(To be continued.)

Appointments.

ASSISTANT MATRON.

Miss Clara Booth has been appointed Assistant Matron at the Eastern Fever Hospital, Homerton. She was trained for three years at the Brownlow Hill Infirmary, Liverpool, and has held the position of Ward Sister at the Royal South Hants and Southampton Hospital, and of Charge Nurse and Night Superintendent at the Park Hospital, Lewisham.

SISTERS.

Miss Louisa J. Buck has been appointed Sister at the Union Infirmary, Lewisham. She was trained at the Royal Hospital, Portsmouth.

Miss Louisa Bond has been appointed Sister at St. Mary's Infirmary, Islington. She was trained at University College Hospital, and for many years held the position of Sister at the Hospital for Diseases of the Chest, City Road.

Miss J. E. Such has been appointed Sister in Charge of Male Surgical and Ophthalmic Wards at the Infirmary and Dispensary, Bolton. Miss Such holds a three years' certificate from the Royal Infirmary, Derby, at which institution she has taken Sister's duty during the last six months. She also holds a two years' certificate from the Borough Hospital, Kidderminster.

Miss Marshall, who received her training at the General Hospital, Birmingham, has been appointed Sister in a medical ward at the Jenny Lind Infirmary, Norwich.

Miss Hilda Cavanagh has been appointed Sister at the Children's Hospital, Bradford. She was trained for three years at the Royal Infirmary, Preston, where she also held the position of Theatre and Out-patient Sister.

NIGHT SISTER.

Miss E. Pedley has been appointed Night Sister at the Grimsby and District Hospital, Grimsby. She holds a four years' certificate from the Royal Free Hospital, and has held the position of Sister at the West Bromwich Hospital.

ASSISTANT NURSE.

Miss Laura S. Withers, of the Union Infirmary, Norwich, has been appointed Assistant Nurse at the Temporary Infirmary, Wormwood Scrubs, in connection with the Fulham Infirmary, Hammer-smith.

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