

to grasp what was required of them when the light projection was being tested, and whose answers therefore indicated a defect where none was present. Moreover, such patients often deny that they can see light at all, for what reason is hard to say. The direct pupil reaction will give a fair indication as to whether such a statement is true or not. Frequently a little persuasion will induce such a patient to confess that he is able to distinguish a bright light.

A secondary cataract, that is to say, one consequent on disease of the fundus or detachment of the retina, in which light perception and projection would be more or less faulty, should not be operated on, unless as a last chance, and never so long as the other eye is healthy. There is very little hope of re-establishing useful vision, and there is after all operations on the globe a small but real risk of sympathetic ophthalmia.

The colour of an opaque lens is sometimes an important guide to the probable condition of the fundus. A senile or any other uncomplicated cataract is bluish-grey in colour. In some cases of secondary cataract (*i.e.*, of cataract complicated by fundus disease) there is to be seen a chalky-white opacity, as if the lens were in part converted into calcareous material, as is, indeed, the case. Such a condition is never found with a normal fundus, and always indicates severe and long-continued malnutrition of the lens. Any operation, therefore, will be undertaken with less chance of success.

The position and form of the opacity gives us some help in forming a provisional diagnosis. In ordinary senile cataract the cortex is usually affected in its anterior portion. In cataract due to disease of the fundus, or diabetes, it commonly commences in the posterior region, forming a star about the posterior pole. The depth of any opacity can readily be estimated by observing its movements relative to the iris when the eye is rotated. An anterior cortical opacity moves almost with the iris, and preserves closely its relative position to it; a posterior polar opacity, being near the centre of rotation of the eye, will move much less rapidly and lag behind in a marked manner. Their mode of development also is different; the radii of the star, in a cataract due to fundus disease or diabetes, are usually sharply cut, and the intervening spaces remain clear for a long time, though they are progressively narrowed as the striæ increase in width.

(To be continued.)

We are asked by Mrs. A. S. Hunter, whose translation of Professor Lefèvre's pamphlet on Appendicitis we reviewed last week, to say that she will forward a copy of this publication to any one sending a stamped and addressed wrapper to her at Zetland House, Bridge of Allan.

Appointments.

LADY SUPERINTENDENT.

Miss Flora G. Pegg has been appointed Lady Superintendent of the Salop Infirmary, Shrewsbury. She was trained at Guy's Hospital, and has held the position of Charge Nurse at the New Hospital for Women, Euston Road, and at Netley House Medical and Surgical Home, and of Theatre Sister at the Wolverhampton and Staffordshire General Hospital.

MATRON.

Miss Christine Macdonald has been appointed Matron of the South Wimbledon and Merton Cottage Hospital. She was trained for three years at the London Hospital and subsequently has held the positions of Charge Nurse of the Women's Medical and Surgical Wards at the Hospital of St. Cross, Rugby, and Sister of the Ophthalmic and Obstetric Wards at the Royal Infirmary, Bristol. She has recently taken Matron's holiday duty at the Iver, Langley, and Denham Cottage Hospital.

Miss A. Alexander has been appointed Matron of the Isolation Hospital, Frimley. She was trained at the General Infirmary, Salisbury, and at the London Fever Hospital, and has held the positions of Matron at the Newbury Infectious Diseases Hospital, the Luton Fever Hospital, and the Colchester Fever Hospital.

SISTER.

Mrs. Rose M. Liddell, has been appointed Sister at the Infirmary, Kingston Hill, Surrey. She was trained for three years at the Sussex County Hospital, Brighton.

Miss Lilian E. G. Shipway has also been appointed Sister in the same institution. She was trained for three years at the Lambeth Infirmary, where she subsequently acted for some months as Staff Nurse. For the past five years she has been connected with the Leicester Private Nursing Institution.

Miss Emily Howard has also been appointed Sister in the same institution. She was trained for three years at the Poplar and Stepney Sick Asylum, where she afterwards held the position of Staff Nurse. She was, subsequently, for a year on the staff of the Royal Chest Hospital, City Road.

Miss Annie Bath has been appointed Sister at the Fulham Infirmary, Hammersmith. She was trained for three years and certificated at University College Hospital, where she worked for twelve years. She has also worked as a private nurse on the staff of St. John's House, Norfolk Street, Strand; Charge Nurse at the East End Mothers' Home, Stepney; District Nurse at Poplar; and Night Nurse at the Acland Home, Oxford. She holds the certificate of the London Obstetrical Society.

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