

glasses in perpetuity. Much rough labour can be performed entirely satisfactorily with vision of $\frac{6}{24}$, and, unless for special reasons, we may reject the idea of operating on cases with higher acuity than this. Not infrequently the patient in addition to his cataract has considerable error of refraction. More than once I have been able by appropriate glasses to raise the visual acuity in such cases from $\frac{6}{24}$ to $\frac{6}{12}$ or even $\frac{6}{9}$.

Here again there can be no question of operation. In effect, the conclusion may be stated that for patients who are engaged in life in professions which do not require good vision—out-of-door labourers, &c.— $V = \frac{6}{24}$ is amply sufficient to enable them to earn their livelihood. Where corrected vision is less than this, we must consider the question of operation, and should advise the patient to submit to it.

If, on the other hand, the sufferer be desirous of following a profession requiring good vision, we must take a higher standard. Vision even of $\frac{6}{18}$ may not be sufficient.

The size of the opacity is a matter of importance. If it be small we may find that with a dilated pupil the visual acuity, either with correction (if any be necessary) or without, is much greater than can be obtained when the pupil is contracted, because a large area of transparent lens comes within the boundaries of the pupil when it is dilated. In such a case permanent dilatation of the pupil would ensure an improvement in vision. Unfortunately, the use of atropine involves paralysis of accommodation as well as mydriasis, and hence is unsuitable.

(To be continued.)

A Poor Return for Patriotism.

The further light which is being thrown on the overcrowding of transports only makes matters worse. The report of Dr. Shields, the medical officer of the *Drayton Grange*, which carried 2,000 returned troops to Australia, makes sorry reading: There were on the voyage 200 cases of measles on board, and more than half of these had bronchitis and pneumonia or pleurisy as a complication. The accommodation for the sick men was of a miserable character; and this is the sort of thing that those who escaped disease had to put up with:

The air, especially in the mornings between the troop-decks, was poisonous, used up, and absolutely foul—in fact, there was quite a stench in the daytime. . . . In short, the hygienic arrangements for such a large body of troops were about as bad as they could be. The root of the whole trouble lies in the shameful overcrowding.

This recalls the horrors of the Chinese coolie traffic. Sir W. J. Lyne says the allegations are altogether too serious to allow the matter to rest where it is, and nobody will be surprised to hear it.

Appointments.

MATRONS.

Miss Emma Smale has been appointed Matron of the Royal Devon and Exeter Hospital. She was trained at the Eastern Fever Hospital, Homerton, and at the institution of which she has now been appointed Matron, where she has also held the positions of Sister, Night Superintendent, and Assistant Matron.

Miss M. Cecil Lewis has been appointed Matron of the General Hospital, Nuneaton. She was trained at the Royal Albert Edward Infirmary, Wigan, where she afterwards held the position of Sister. She has also been Senior Sister at the Infirmary, Southport, and Matron of the Lloyd Hospital, Bridlington.

Miss Henderson has been appointed Matron at the Nottingham and Notts. Sanatorium for Consumption. She at present holds the position of Senior Medical Sister at the Royal Alexandra Infirmary, Paisley.

Miss Elizabeth A. Stephens has been appointed Matron of the Cottage Hospital, Wallasey, Cheshire. She received her general training at the Royal Infirmary, Preston, and was trained in midwifery at the Royal Infirmary, Bristol. She has also held the positions of Head Nurse at the Women's Hospital, Derby, and of Night Superintendent at the Cancer Hospital, Brompton, S.W., in which institution she has also had charge of the operating theatre for the last two years. She has also taken part in teaching the probationers.

Miss F. E. Capes has been appointed Matron and Superintendent of the Girls' Department at St. Olave's Union Temporary School, Sutton. She received her training at St. George's Infirmary, and has held the position of Charge Nurse at Sutton Schools, and Charge Nurse and Assistant Matron at St. Olave's Infirmary.

ASSISTANT MATRON.

Miss Alice Stewart Glegg Bryson has been appointed Assistant Matron and Housekeeper at the Royal Victoria Hospital, Belfast. She was trained at the Crumpsall Infirmary, Manchester, where she subsequently had charge of wards for two years, and later acted as Assistant Matron. For the last three years she has been private nursing in Glasgow.

Miss A. B. Dane has been appointed Assistant Lady Superintendent at the Fever Hospital and House of Recovery, Cork. She was trained at the Western Infirmary, Glasgow, and subsequently held the position of Senior Staff Nurse at Longmoye Hospital, Edinburgh. She gained experience in the nursing of infectious diseases at the Fountain Hospital, Tooting, and at present holds the position of Night Superintendent at the Royal Victoria Hospital, Belfast.

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