very shallow. Vision is reduced, often largely. The pain is extreme, and radiates over the whole side of the head, so that the patient's attention is rather diverted from, than attracted to, the eye. There is often severe vomiting. The eyeball is acutely tender; but, if it can be examined, will be found to be very hard, giving the sensation of a stone under the lids. I cannot too strongly impress the fact that in estimating tension heavy pressure is not necessary; a careful observer can by the lightest touch gain a sufficiently accurate estimate of the intra-ocular pressure in a painful eye.

The extra-ocular symptoms—pain and vomiting—are so misleading that, unless the attendant is on the alert, the grave danger of the globe may be disregarded until it is seriously damaged. A very few hours may suffice to produce permanent impairment of the retina and optic nerve by the excessive pressure.

We have already alluded in an earlier paper to the need of accurate diagnosis between iritis and glaucoma; it will now be readily apparent how much their symptoms have in common—in both we see ciliary injection, pain, and a more or less fixed pupil. We have pointed out also that the chief indication in iritis is to dilate the pupil by atropine or some other mydriatic. It is obvious that a dilated pupil means a contracted iris; this mass of tissue lying at the filtration angle will block the spaces of Fontana, and will, therefore, tend to increase the tension of the globe.

Atropine must not be used in glaucoma, lest a more acute attack be brought on; in fact, it is absolutely contra-indicated. The close connection between the tension and the phenomena of glaucoma has been already insisted on, but we saw that in iridocyclitis an increase of tension may arise which would be best treated by atropine. Increased hardness of the globe, alone, cannot be relied upon to establish the diagnosis. The chief points of importance are to be sought in the condition of the iris itself. In iritis the increased vascularity of the inflamed structure, and the lymph in its tissues, cause an impairment of movement and a slight contraction of the pupil; the vessels may often be seen as red meandering lines on the surface of the iris. The circle of the pupil is rarely regular; masses of inflammatory lymph tie some part thereof to the lens, the aqueous humour is turbid, but it can be recognised that the iris is in its normal plane, the anterior chamber, that is to say, is of normal depth.

In glaucoma, on the other hand, the pupil is dilated and fairly regular, the anterior chamber is shallow, the iris lying close to the cornea. The depth of the anterior chamber (the distance, that is, between the cornea and the iris) is not easy to gauge; we rely partly on the apparent size of the details of the iris—the further the distance, the greater the magnification—partly on the apparent movement of the pupil as we move the head from side to side. If the iris be in contact with the cornea the pupil will seem to lag behind as we move the head, as may be readily observed in a glass eye.

(To be continued.)

Appointments.

Matrons.

Miss M. R. S. Asquith has been appointed Matron of St. Mary's Hospital for Sick Children, Plaistow, E. She was trained and certificated at St. Bartholomew's Hospital, and has held the position of Ward Sister at the East London Hospital for Children, Shadwell, and Matron of the Children's Branch of the Poplar and Stepney Sick Asylum at Blackwall. Miss Asquith is a member of the League of St. Bartholomew's Nurses.

Miss Annie J. Hobbs has been appointed Matron of the Auxiliary Nurses' Association, 10, Orchard Street, W. She was trained and certificated at the West London Hospital, Hammersmith, where she remained four years. She then for a time acted as Nurse-in-Charge of the Establishment for Invalid Gentlewomen, 90, Harley Street, W., and as Night Sister at the Hospital for Women, Soho Square, W. For nearly two years she has held the position of Senior Assistant Matron at the Nurses' Co-operation, 8, New Cavendish Street.

Sisters.

Miss Annie Tate has been appointed Sister at the Chelsea Hospital for Women. She was trained at St. Mary's Hospital, Paddington, where she also held the position of Staff Nurse. She has also been Ward Sister at the Dulwich Infirmary.

Miss Kate Parry has been appointed Sister at the Liverpool Sanatorium, Kingswood, Frodsham. She was trained at the Mill Road Infirmary, Liverpool, and has held the position of Staff Nurse at the Brompton Hospital for Diseases of the Chest.

Miss Annie Elizabeth Cawood has been appointed Sister at the Bagthorpe Infirmary, Nottingham. She was trained at the Middlesbrough Union Infirmary and at the Fever Hospital, Blackpool, and holds the certificate of the London Obstetrical Society.

Miss Annie Dunn has been appointed Sister at the Colchester Hospital. She was trained at the Royal Infirmary, Hull, where she also acted as Night Sister and Casualty Sister.

Miss Mary Coverdale has been appointed Sister at the Swansea Hospital. She was trained for three years, and certificated at the Norfolk and Norwich Hospital, where she subsequently held the position of Sister. She has recently done private nursing.

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