may develop. The gravity of the symptoms is mainly due to the amount of damage done to the heart muscle. The symptoms of rheumatism in these cases are often very inconspicuous, but subcutaneous nodules are usually to be found. There is every gradation between these urgent cases of heart failure and those where the implication of the heart is so indefinite that it can only be ascertained by repeated examination; in these the heart's action becomes excited and the first sound blurred and later replaced by an apical systolic murmur, while the second sound may be reduplicated. It is not necessary after a single attack of endocarditis with or without pericarditis that permanent damage to the heart result, but, in some cases where the heart appears completely to recover, a murmur may subsequently reappear and remain throughout life. Arthritis is much less conspicuous in children, though vague and fleeting joint-pains are common, and all such pains should be regarded with great suspicion. Tonsillitis is a frequent sign of rheumatism in children, and other signs may be entirely absent; the same may be said for various skin affections, such as erythema, including erythema nodosum and purpura. Emotional disturbances are common, as they are in chorea, and choresis, one of the manifestations of rheumatism in childhood, though we cannot say this is always so, as a large proportion are not so associated.

About a quarter of the cases of rheumatism in those under the age of twelve years are associated with rheumatic nodules, which may be a help to diagnosis, while as to prognosis these cases have almost invariably decided organic valvular disease of the heart. As to treatment: Firstly, in prevention of a recrudescence the avoidance of damp localities and the wearing of woollen garments are patent to all. Salicylates given during an acute attack are of much value, and should be continued in diminished doses for a week or two after the signs disappear. The diet should be light, chiefly milk. When the heart has been involved, salicylates may be continued to prevent a fresh rheumatic affection of the heart, and the patient should be kept supine in bed for at least a month in order to give as little work as possible to the inflamed organ; and such rest should be counselled if practicable even in cases where there has been no direct evidence of heart involvement, since it is impossible to say whether the heart has escaped or not.

Nursing of Diseases of the Eye.

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(Continued from p. 355.)

DISEASES OF THE RETINA AND CHOROID.

Diseases of the retina and choroid are not uncommon in out-patient practice, and in the general wards of a hospital, as part of some systemic disease. They are comparatively rarely found in the special eye wards, and the reason is not far to seek. Their treatment is that of the general disorder of which they are to be regarded as merely local manifestations. For this reason they will for the most part find no space here. There are, however, some conditions which are essentially local, and which receive special treatment; such a one is detachment of the retina.

This membrane, it will be remembered, is attached to the other coats of the eye only at the optic papilla, where the nerve enters, and at the anterior margin, the ora serrata. Between these two regions the retina is kept in contact with the choroid by means of the pressure of the vitreous; as a result of many causes this apposition may be interfered with, and the retina, becoming detached, will float into the vitreous as a loose membrane. The affected part, cut off to a great extent from its normal nutrition, gradually loses its sensibility and becomes blind. The area of detachment usually increases, until the whole retina is separated and no useful vision remains. The power of distinguishing light often persists for months and even years.

The total detachment of the retina cannot take place without great destruction or disorganisation of the vitreous.

Not all detachments of the retina are always progressive. Sometimes the lesion remains limited to one part, and the remainder retains useful sight; sometimes the retina regains spontaneously its normal position and the detachment is cured.

It has been already mentioned that the causes of detachment are numerous. The prognosis and treatment will vary to some extent with the cause.

One of the most frequent complications of high myopia is retinal detachment; here the cause is to be sought in the alteration which takes place in eyes which become increasingly myopic. The sclera yields, and the anterior-posterior axis of the eye elongates. The capacity of the globe becomes greater, though the content, the vitreous humour, remains stationary as far as its cellular elements are concerned, and the increased space is filled with fluid. The stretched retina is not unlikely, under these circumstances, to spring away from the choroid.

In some cases detachment of the retina is pre-

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