sac may become practically an abscess cavity. There results in many cases, pretty severe cellulitis of all the surrounding parts, and from the swelling the suspicion of erysipelas may easily arise. It will be seen, however, on careful examination that the swelling is greatest at the inner canthus, and that here there is tenderness, and perhaps fluctuation. There are none of the general symptoms present, which, in erysipelas, show constitutional disturbance. The pus may be confined to the lachrymal sac, or may be in a cavity distinct from it; in the latter circumstance the abscess is usually in front of the sac proper. If left untreated, the pus burrows forward and downwards, and eventually points near the lower orbital margin at the fold between the eyelid and the nose. Here a fistula forms, through which pus is first discharged, and then, as the inflammation subsides, mucus, and finally the normal tears may escape in this way. If the fistula closes, however, the sac will again become inflamed, and there will be another abscess formed, and this may happen many times.

In the acute stage of dacryocystitis, treatment is directed to relieve the inflammation as soon as possible; the abscess must be opened, and its purulent contents allowed free escape. If possible, the canaliculus may be freely divided, and the sac washed out by means of a syringe; not infrequently, however, it is impossible to reach the canaliculus, and then the abscess must be opened on the face. The pain of this little operation is considerable, so that it is advisable to give gas in most cases. The sac may be washed out freely from this wound. In after-treatment hot fomentation and lavage with antiseptic solutions is advisable.

As the discharge ceases, in a few instances the passage to the nose will become reopened, the tears will resume their normal course, and the wound on the face close spontaneously; more commonly, however, the blockage is permanent, and the tears continue to escape from this wound over the cheeks, forming a lachrymal fistula. As long as this remains open, no further abscess is likely; but if it closes, the same round of events is almost sure to recur.

During the period when there is no purulent discharge, the surgeon will attempt to free the passage by one of the methods shortly to be described.

Not all cases of dacryocystitis are troubled by the formation of an acute abscess. Sometimes the chronic stage, the so-called mucocele, persists for many years. Here the lachrymal sac is distended into a firm rounded swelling by the retained mucus. Often firm pressure will suffice to drive the contents down to the nose through the narrowed duct.

(To be continued.)

Appointments.

Matrons.

Miss E. A. Barber has been appointed Matron of the National Hospital for Diseases of the Heart, Soho Square, W.C. She was trained at the Western Infirmary, Glasgow, and holds the certificate of the London Obstetrical Society. For the last eighteen months she has held the position of Sister in the Hospital where she has now been appointed Matron.

Miss Elizabeth Mary Cottrill has been appointed Matron of the Tooting Bec Asylum, under the Metropolitan Asylums Board. She was trained for three years at the General Hospital, Birmingham, and entered the service of the Asylums Board in 1896 as a Charge Nurse at the Brook Hospital, where she was afterwards promoted to the position of Night Superintendent. She then, for a short time, held the position of Night Superintendent and Assistant Matron at the Camberwell Infirmary, and in April, 1899, rejoined the service of the Asylums Board at the South Eastern Hospital as Night Superintendent, where she was afterwards appointed Assistant Matron. For the last thirteen months Miss Cottrill has held the position of Assistant Matron at the Long Reach Hospital, Dartford, Kent.

Miss Alice Maud Edwards has been appointed Matron of the County Hospital, York, in which institution she was trained, and where she has held the position of Ward Sister.

Miss Jessie Thorne has been appointed Matron of the Frere Hospital, East London, South Africa. She was trained at the London Hospital, Whitechapel, and has been private nursing in South Africa for three years. She holds the certificate of the London Obstetrical Society.

Sisters.

Miss Elizabeth Armstrong has been appointed Sister at the County Hospital, Durham. She was trained at the Western Infirmary, Glasgow, where she has also held the position of Ward Sister.

Miss Rosalie Chadwick has been appointed Sister at the Infirmary, Kensington. She was trained at the Brownlow Hill Infirmary, Liverpool, where she also held the posts of Charge Nurse and Night Superintendent. For three years she has been working as a private nurse.

Miss Fanny Helen Barlow has been appointed Ward Sister at the King's Norton Union Infirmary. She was trained at the Workhouse Infirmary, Birmingham, and has held the position of Sister at the Portsmouth Union Infirmary.

Miss Margaret Birkett has been appointed Sister of the Maternity Wards at the King's Norton Union Infirmary. She was trained at the Middlesbrough Union Infirmary, where she has also held the position of Charge Nurse.

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