

ally to induce the child "to be good" the mother will place a little in her own eye, and is much surprised and displeased at the result. In giving instructions to the parent it is well to warn against this.

The estimation of the error of refraction will be made by some objective method, and verified, when possible, by the test type.

In many cases it will be noticed that when the atropine has been used properly the deformity disappears. In such the prognosis is favourable; in all probability the use of glasses will permanently relieve. Even when the immediate result is not good we will sometimes find that after an extended trial of suitable spectacles the deviation diminishes, and may disappear altogether. Six months should elapse before any case is regarded as requiring operation.

(To be continued.)

Appointments.

LADY SUPERINTENDENT.

Miss Kelly has been appointed Lady Superintendent of the Kent Nursing Institution at West Malling. She was trained at the West Kent General Hospital, Maidstone, and at the London Hospital.

MATRON.

Miss Hilda Mary Good has been appointed Matron of the Royal Masonic Institute for Boys, Bushey, Herts. She was trained at St. Thomas' Hospital, and subsequently worked in connection with the Queen's Jubilee Institute. She has also held the position of Sister at University College Hospital.

NURSE MATRON.

Miss Elizabeth Martin has been appointed Nurse Matron of the Brierley Hall Hospital, Bradford. She has trained for three years at the Kensington Infirmary, and subsequently held the positions of Ward Sister, Night Superintendent, and temporary Superintendent at Bradford Union Hospital for a term of five years. Miss Martin has also been Superintendent Nurse at the Barnsley Union Infirmary.

Miss E. Elgey has been appointed Nurse Matron at the Skinningrove Miners' Accident Hospital. She was trained at the Stockton and Thornaby Hospital, and has also had some years experience in district and private nursing.

NIGHT SUPERINTENDENT.

Miss Mary Pritchard has been appointed Night Superintendent at the Union Infirmary, Kingston Hill. She was trained for three years at the Poplar and Stepney Sick Asylum, where she remained as Sister for two years.

A Note upon "Colds."

BY MACLEOD YEARSLEY, F.R.C.S.,
Surgeon to The Royal Ear Hospital, &c.

In a country like Great Britain, in which the weather is served out in variable and contrasting samples rather than as a reliable climate, and in which there is a growing tendency for the majority of the population to congregate in large cities, rather than to live in the fresher air of the more open country towns and villages, "colds" become frequent and annoying companions, and lead to numerous and diverse affections of the nose, ear, larynx, bronchi, and lungs. How to prevent colds has been the subject of numerous papers, all containing hints, practicable or impracticable, ingenious or foolish, whilst the remedies, domestic, orthodox and unorthodox, for the relief of a cold and when prophylaxis has failed, show by their number how futile is treatment in the majority of cases. Colds, once started, have to "get well by themselves" as a rule, in spite of dosing, and what is chiefly needed is reasonable care for the prevention of complications.

The year 1902 has been phenomenal for the badness of its weather, and the coming winter bids fair to be prolific in catarrhal affections. A few words, therefore, upon the causes and treatment of colds may not come amiss.

A cold in the head is simply an acute catarrhal rhinitis, commencing either in the nose itself or in the post-nasal space; my own experience leads me to believe that the latter is the most frequent starting-place. The exciting causes of acute nasal and naso-pharyngeal catarrh lie chiefly in sudden and extreme changes in meteorological conditions, damp, low climate, and inhaled dust. "Taking cold" is a well-known—unhappily too familiar—condition. The impression of cold on certain surfaces of the body appears to paralyse the inhibitory power of the vaso-motor nerves controlling the capillary circulation of the nasal mucosa. The most vulnerable surfaces are the back of the neck and head, and the feet. In discussing the causes of the two principal symptoms of rhinitis, and the manner of their production, Joseph A. White remarks:—"Such phenomena differ somewhat in different persons, as I have found by experiments made upon myself and others. If I irritate my intra-nasal tissues it takes some time to produce any reflex whatever, but the first to be manifested is lachrymation on the side irritated, followed by evident swelling of the erectile tissues, and of a serous exudation; cough I cannot produce at all. On the contrary, if I sit in a warm room with my back to an open door or window, I will begin to sneeze almost before I am aware of the draught of cooler air. I have observed the same effect in others, while, in some, artificial irritation of the

[previous page](#)

[next page](#)