

perimeter, and direct the patient to look at an object at some distance in a line with the central axis. If there were no squint, the amblyopic eye would be directed towards the axis. Any deviation we may measure by carrying a small flame along the arc of the perimeter, and observing over it when the image thereof falls in the centre of the cornea. This gives a close approximation to the angular deviation, on the amount of which depends the choice of operation. It is only an approximation, however.

The error lies in the fact that the direction of the optical axis which is thus estimated does not correspond exactly with, but is usually a little external to, the visual axis.

If the angular deviation be convergent and slight, 15° or 20° , it is sufficient to detach the internal rectus close to its insertion; this allows the external rectus to draw the eye round and correct the deviation. The internal rectus acquires a new attachment on the globe behind the original.

The operation is quite simple, and can be performed even in children under cocaine anaesthesia.

The instruments required are speculum, fixation forceps, straight scissors, and squint hook. The eye being cocainised, the surgeon picks up a fold of conjunctiva below the lower border of the internal rectus, about $\frac{1}{4}$ in. away from the cornea, and divides it and the capsule of Tenon. He then slips the hook under the muscle so as to hold the tendon slightly away from the globe, and divides it with the scissors close to the sclerotic. The attachments of the muscle to the capsule of Tenon are not interfered with, and these prevent the muscle from contracting far. The division of the muscle is subconjunctival.

By this displacing of the attachment backwards the opponent is able to rotate the globe, and partially or wholly to correct the squint. Unless the incisions have been very free the divided muscle will have lost very little of its power. There is hardly any bleeding; very occasionally a branch of one of the muscular arteries may give a little trouble, and I have once seen the globe driven forward by the outpouring of blood into Tenon's capsule. No permanent harm resulted. If the globe be of normal tension it is almost impossible to injure it with the scissors.

As after-dressing, a pad should be kept on for a few hours, but it is rarely necessary to keep the patient in hospital. The conjunctival wound heals with great rapidity. If the deviation is greater than the division of a muscle can correct, the surgeon may choose to "advance" the insertion of the opponent, as well as to set back the contracted one. This combined operation practically rotates the eye within the grasp of the muscles, and, while interfering very little with their action, alters the primary position of the globe.

(To be continued.)

Appointments.

LADY SUPERINTENDENT.

Miss A. M. Bushby has been appointed Lady Superintendent of the North-Eastern Hospital for Children, Hackney Road. She was trained at King's College Hospital and at the Children's Hospital, Shadwell. With the latter institution she was connected for a period of twelve years, as Probationer, Sister, and Assistant Matron. She is at present Matron of the Isolation Hospital, Southampton, a position she has held for nearly two years and a-half. She is a member of the Matrons' Council of Great Britain and Ireland.

MATRON.

Miss E. M. Edwards has been appointed Matron of the Chelsea Hospital for Women. She was trained and certificated at St. Bartholomew's Hospital, and has held the position of Night Sister and Assistant Matron at the Chelsea Hospital for Women and of Matron of the Ilkley Hospital for the last three years. She is a member of the League of St. Bartholomew's Nurses.

NURSE-MATRON.

Miss Florence M. Atkins has been appointed Nurse-Matron of the Brecknock County and Borough Infirmary. She was trained at the Royal Infirmary, Bristol, where she held the position of Ward Sister. She has also been connected with a Nursing Home at Fulham.

NURSING SISTER.

Miss Violet Isabel Lamb has been appointed a Nursing Sister in the Indian Nursing Service. She was trained at St. George's Hospital, and for two years worked in South Africa, during the recent war, as a member of the Army Nursing Service Reserve.

SISTERS.

Miss Agnes Fletcher has been appointed Sister at the General Infirmary, Macclesfield. She was trained at the Royal Infirmary, Perth, where she held the position of Charge Nurse. She has also held the post of Charge Nurse at the City Hospital East, Liverpool.

Miss Ada F. Maddock has been appointed Sister at the Chesterfield and North Derbyshire Hospital. She was trained at the Infirmary, Leicester, and has held the position of Sister at the Lewisham Infirmary.

Miss Edith Chinnock has been appointed Sister at St. Mark's Hospital, City Road. She was trained at the Royal Portsmouth Hospital.

SUPERINTENDENT NURSE.

Miss A. Burgess has been appointed Superintendent Nurse at the Cuckfield Workhouse Infirmary. She was trained at the Union Infirmary, Plumstead, where she also held the position of Nurse.

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