

the scissors; if it escape, it is easily caught with forceps.

Should the ulcer be followed by a large staphyloma it is often necessary to sacrifice the eye in order that we may do away with the pain and irritation that the bulging cornea gives rise to. Some such operation as Mules' evisceration will give the most cosmetic result.

There is one special form of opacity resulting from the ill-advised use of lead salts in lotions in cases of corneal ulcer. The result of such action is to favour a deposition of carbonate of lead on the floor of the ulcer, in the form of dense creamy-white scales, which may be eventually covered by the epithelium, but often persistently project as hard white rough masses, giving rise to constant discomfort and even severe pain.

These lead opacities are quite characteristic in appearance, and, when once seen, cannot be easily mistaken. The treatment in this condition involves removal of the lead by scraping under local anæsthesia. The cornea beneath the opacity is almost completely transparent.

Inflammation of the proper tissue of the cornea—interstitial keratitis—is most commonly found in children who are the subject of hereditary syphilis, in fact may be regarded almost as pathognomonic of this disease. It is associated with other signs, such as scarring at the angles of the mouth, depression of the bridge of the nose, and mal-development of the permanent teeth; as well as other ocular affections. It commences, as a rule, in a greyish, hazy crescent in the upper or lower edge of the cornea; this is associated with injection of the circumcorneal zone. As the inflammation spreads, loops of the vessels grow into the affected cornea, so that the crescent becomes vascular, but is always preceded by a diffuse haze.

The opacity of the cornea, if examined closely, is seen to consist of small discrete clouds, which gradually run together. The surface may be smooth, or more commonly, at least in the later stages, is dull, and presents the appearance, under slight magnification, of pigskin leather. Later, the whole cornea usually becomes involved, and the vessels may spread throughout.

There is usually photophobia in the acute stage and the vision is very greatly reduced. At this time much may be done for the patient's comfort by heat and atropine; as the disease regresses, the cornea gradually clears, and becomes transparent from the periphery towards the centre.

Now the yellow oxide of mercury has often a favourable effect; a small piece of the pharmacopœial ointment or of a weaker preparation may be put within the lids, and gentle massage made over them for some minutes twice a day.

If the treatment causes more than slight smarting, and redness and lachrymation, it must be discontinued for a time.

(To be continued.)

Appointments.

MATRONS.

Miss Louisa Victoria Haughton has been appointed Lady Superintendent of Sir Patrick Dun's Hospital, Dublin. Miss Haughton was trained at Guy's Hospital, London, and holds a three years' certificate of training from 1896-1899. She has been Sister of Patience and Astley Cooper Wards, holds the Guy's medal for five years' work, and the Cazenove Gold Medal, 1897. Miss Haughton is a member of the League of Guy's Nurses, and her name is to be found in the new register of Guy's nurses.

Miss Ethel Jessie Atkins has been appointed Matron of the Royal Portsmouth Hospital. She was trained for three years at St. Bartholomew's Hospital and holds the certificate of the school. She has gained a varied experience in nursing as Charge Nurse at the South-Western Fever Hospital; Sister at the City Hospital, Birmingham; Assistant Matron at the Western Fever Hospital; Matron of the Cuddington Isolation Hospital, and of the Park Fever Hospital, Hither Green. In 1900 she volunteered for active service in South Africa, under the Army Nursing Service Reserve, where she did good service as a Nursing Sister, and as Acting Superintendent on the hospital ships. Upon her return, in 1901, she was elected Matron of the Shoreditch Infirmary, which post she vacates to take up new work at Portsmouth. Miss Atkins is a member of the Matrons' Council.

Miss Kate Hunt has been appointed Lady Superintendent of the Ipswich Nurses' Home. She was trained at the General Hospital, Bristol, where she also worked on the district and private nursing staff. Miss Hunt holds the L.O.S. certificate, and has also acted as temporary Matron at the Walsall Hospital, at the Acton Cottage Hospital, temporary Assistant-Matron at the County Hospital, York, and Matron of a surgical home at Birmingham.

Miss Charlotte Ann Sharp has been appointed Matron of the District Hospital at Rugeley. She was trained in the institution, holds the L.O.S. certificate, and has worked as District Nurse in the town.

Miss Florence Hancock has been appointed Matron of the Bradwell Sanatorium near Chesterton. She was trained at the City Hospital, Birmingham, and has acted as Charge Nurse at that institution and at the City Infectious Hospital, Worcester.

Miss Frances D. Macalister has been appointed Matron of the East Riding Asylum, Beverley. She was trained at the City of Dublin Hospital. Miss Macalister has had experience as a private nurse on the staff of the Royal Scottish Nursing Institution, Edinburgh, and has been for a year one of the Assistant Matrons at the Stirling District Asylum, Larbert.

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