

midway between the upper edge of the cornea and the pupil, covering part of the iris.

Occasionally it comes much lower than this, and may even descend entirely across the pupil. This may be due to several causes. If the lid be thickened and inflamed, it may be too heavy for the muscle to lift; on the other hand, the muscle may be weak congenitally or as a result of some nervous change; finally, if one eye be inflamed, the habit of keeping the lid closed over it may produce a permanent drooping.

The various forms of ptosis must be distinguished on account of the difference of treatment. If the levator is inactive the lid can only be raised by elevating the eyebrows; this movement tenses the skin of the lids and raises them also. If the action of the frontalis be prevented there can be no elevation of the lid at all. In a doubtful case, therefore, the surgeon depresses the eyelids forcibly and holds them down. Any raising of the lid that remains must be due to the levator. In those patients where the levator has no power, treatment may be directed towards improving the capabilities of the frontalis by giving it a direct attachment to the tarsal cartilage. This is done in various ways; perhaps the simplest is that of Mules, who passes a loop of very flexible gold wire subcutaneously through the muscle and cartilage and thus forms a permanent attachment between the two.

A method more scientific in principle but more difficult of execution has been devised by Motais; he makes use of the superior rectus, which he attaches to the tarsal cartilage, and thus preserves the relation of height between the lid and the globe.

If the elevator is fairly active, on the other hand, and the drooping is slight, the removal of a fold of skin from the lid will correct the deformity sufficiently.

Ptosis is often associated with paralysis of other of the ocular muscles. In such cases no operation will be undertaken, until it is clear that no improvement can be expected from other methods.

(To be continued.)

Rubber Gloves.

Dr. Robert T. Morris (*N. Y. Medical Journal*, Nov. 22nd) deprecates the use of rubber gloves, claiming that they interfere with the expedition of operation, abolish the sense of touch and render greater the danger of injury to the peritoneum and bacterial infection. He believes that the actual resistance of the patient can be better conserved by the surgeon who works rapidly and with smaller incisions than is possible if he places an obstacle between the sense of touch and the object toward which that touch is directed.

Appointments.

MATRONS.

Miss L. Maude Newill has been appointed Matron of St. Monica's Home Hospital for Sick Children, Brondesbury Park, N.W. She was trained at the Children's Hospital, Nottingham, and Guy's Hospital, and has held the positions of Ward Sister at the Children's Hospital, Pendlebury, and of Matron at the Jenny Lind Hospital for Women, Norwich.

Miss Elizabeth Massie has been appointed Matron and Housekeeper at the Northern Infirmary Convalescent Home, Inverness. She was trained at the Cumberland Infirmary, Carlisle, and has held the position of Night Superintendent in the institution of which she is now appointed Matron.

Miss Agnes Espie has been appointed Nurse-Matron of the McKelvie Isolation Hospital, Oban. She was trained at the Infirmary, Paisley, and at the City Hospital, Edinburgh, and has held the position of Assistant Matron at the Ruchill Fever Hospital, Glasgow.

SISTER-IN-CHARGE.

Miss E. S. Miles has been appointed Sister-in-Charge of the Corporation Sanatorium, Hull. She was trained at the Taunton and Somerset General Hospital, where she did temporary duty as Sister. She has also held the position of Charge Nurse and Night Superintendent at the North-Eastern Hospital, Tottenham.

SISTERS.

Mrs. Eliza Aline Bouverie has been appointed Sister at the City Isolation Hospital, Nottingham. She was trained at the Middlesex Hospital and at the South Tottenham Fever Hospital, and has had charge of enteric wards in Base Hospitals at Cape Town.

Miss Mary L. Parker has been appointed Ward Sister at the Royal Cornwall Infirmary, Truro. She was trained at the Swansea General and Eye Hospital, and has held the position of Junior Sister at the Royal Victoria Home, Bristol, and has acted temporarily as Sister in the Swansea Hospital.

Millions for Charity.

The following estimate of the incomes for 1901-1902 of the various charitable institutions of London is published in the "Classified Directory to the Metropolitan Charities" for 1903:—

	£
Bible and Tract Societies	329,273
Home and Foreign Missions... ..	2,483,545
Church and Chapel Building Funds	21,526
Hospitals and Nursing Institutions...	1,046,211
Charities for Deaf and Dumb, Blind, Incurables, and Idiots	226,947
Pensions and Institutions for Aged...	602,018
General Relief and Food Institutions	787,861
Voluntary Homes, Orphanages, and similar institutions	1,370,240

Total for 940 institutions £6,867,621

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