found most satisfactory for this purpose is one of permanganate of potash, varying in the early stages from 1 in 15,000 to 1 in 20,000, and in the later stages a solution of boric acid, gr. viii. ad ℥i., may replace this and is all that is necessary. The temperature should be from 85° to 90° F. in the can, where a thermometer is constantly present. We do not use any ointment either within the conjunctival sac or on the surrounding skin, as it tends to interfere with the proper application of the solution. When possible the patient should be encouraged to open his eyes slightly every ten minutes. No manipulation of the lids except by the surgeon should be permitted.

In the arrangement of the douche the can should be placed not higher than one foot above the patient's head. (See figure.) The end of the fine rubber tube leading from it should be either fixed by plaster or held at the naso-orbital margin, and the stream allowed to trickle constantly across the palpebral fissure, which it will be found that there is a tendency for it to do if properly adjusted. If a slight coating forms along the lashes it can be removed readily by a warm solution of sodii bicarb., gr. x. ad ℥i., the lashes being gently stroked downwards. For the first four days . . . only the gentlest attempts should be made to expose and inspect the eye. After this time, as the swelling is in all probability subsiding, the cornea should be carefully examined for minute specks, and signs of iritis or hæmorrhages into the anterior chamber should be looked for.

If the disease is diagnosed in the first days and irrigation is at once adopted, a surprising improvement will be seen in the course of the next four days, and the surgeon may be tempted to relax the continuous douche. Relapse is, however, much to be feared if the treatment is not continued for the next three or four days.

The light of the room should be subdued, the sound eye protected by a Buller's shield well aerated above and below, which should not be removed unless absolutely necessary. The nurses should wear protecting gloves of indiarubber. All woollen swabs should be destroyed by burning. The fluid is collected by means of towels and mackintoshes, the towels being boiled, dried at the room fire, and used again. The room should be well aired and kept at a temperature of 65° F. The risk of infection to the attendants should be pointed out.

The Importance of Scientific Nursing.

By the kindness of the authors of the paper from which we have given the above extracts, we are able to add the following note written specially for this journal :—

Inasmuch as we feel very strongly the importance of the scientific nursing factor in this terrible disease, we venture to lay particular emphasis on several points to which we have already referred in our paper to the *Lancet* of January 13th. Not even in the severest cases of enteric fever is so much responsibility thrown upon the nurse as in this disease.

In the first place it must be remembered that the patient, at least in the early stages, is not acutely ill, and is apt to find the necessary local treatment both monotonous and irksome. His discomfort, however, may be much allayed if the ministrations of the nurse are conducted with quietness, delicacy, and promptitude. The temperature of the fluid in the can, its replenishment from time to time without abrupt change, the prevention of any coagulation of the permanganate of potash in the stop cock of the tube, and the prompt change in the replacement of the towels are all matters which require careful attention. The patient should lie with the head slightly turned towards the side of the affected eye, and the fact that the fluid constantly flows along the palpebral fissure and not down the cheek should be carefully noted, slight adjustments of the tube and head from time to time being made to ensure this. The surgeon's attention must be immediately called if there is any tendency to soddenness of the plaster at the side of the nose, which may indicate a flow of discharge across the bridge to the other eye. The presence of haze upon the watch glass of the occluded eye is a significant sign that there is not sufficient aeration of the Buller's Shield. The nurse in this case must not move the shield herself, but must call the surgeon's attention to it. We do not advocate its removal, only its readjustment. If any tendency to coagulation of the permanganate takes place along the lashes, a squeeze from a large pledget of wool well charged with the lotion will quickly wash it away. In using the bedpan, the patient should, of course, always lie on the same side as that of the affected eye. He should be warned not to raise his hand to wipe away any fluid which may trickle down the face, but to leave it to the nurse. The arrangement of the mackintosh and towels constitutes a very important and perhaps the most difficult part of the nurse's duties. She will need great patience, for, despite all care, the fluid may trickle occasionally under the head, necessitating some manipulations which should be conducted without changing the inclination of the head towards the side of the affected eye.

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