

notably in the corridors and staircases—were glazed in pale blue glass, thus giving a similitude of blue sky, even though the sky without, bore the dull, depressing, dirty grey hue of our usual canopy of smoke.

Before quitting the Hospital there are two or three matters that I feel sure will not be altogether without interest to my women readers, whether of the laity or Nursing profession, that came under my observation and have a special bearing upon the important work of the Institution. I have more than once mentioned dark rooms, or recesses for examining patient's eyes, with the ophthalmoscope. What is it? Briefly stated, it is a simple optical instrument, based upon the principle of the reflection of light. It consists of a small circular mirror, having a *clear* space in the centre, and behind it a brass disc of the same size, having also a central perforation corresponding to that on the mirror. These discs are attached to a brass mount. What next do we want? A dark room and a gas-light. In our Eye Hospital they have Argand burners, and they give a strong and steady light. The patient is seated on a chair close to the gas-light, with his back to it. The Surgeon stands in front of the patient—facing the gas-light—concentrating its rays upon his mirror or reflector. He throws them upon the eye, which is itself a lens of immense magnifying power. Viewed through the central perforation of the metallic disc, the whole structure of the organ is revealed, and the orb itself gives up its secrets to the practised and skilful manipulator. The expansion or contraction of the minute capillary vessels of the retina or vascular net-work of the eye, the slightest lesion, the minutest foreign particles, incipient or actual disease, defects of vision, are diagnosed with absolute accuracy by the Ophthalmic Surgeon. This instrument (if we may call

it such) was invented by a German scientist not an oculist, and applied to ophthalmic surgery for over a quarter of a century, may also be said to have revolutionised it.

Pain attending minor eye operations is alleviated, if not annulled, by the topical use of cocaine, that deadens the sensibility of the mucous membrane lining the eyelid. Iron particles in the eye are removed with magnets. In our city accidents to the eyes from metallic sparks getting into them are very frequent, and often serious. Artificial eyes have also an importance in eye practice, and their manufacture is one of the myriad industries of our busy centre; and from Birmingham the oculist, the taxidermist, and the doll-maker have their needs largely supplied. Those required by this Hospital are made close by, and by first-rate artificers. They are hollow glass hemispheres, having the convexity turned outward, and they are made to exactly fit the orbit. The opacity of the cornea is easily simulated, but it is upon the iris, or coloured portion of the eye, that the art and skill of the artificer is called forth, and it is wonderful how admirably they match the natural colour of the eyes.

My Nurse readers may like to know that the Nurses here wear blue serge dresses, white linen elbow sleeves in lieu of the regulation cuff, natty-looking high-crowned caps, fastened to their hair, without strings or streamers (a notable omission to my mind), the aprons are a nice shape, and the *bretelles* are not so much in evidence as in most Nurses' aprons. All these accessories are made in the Hospital under the Matron's instructions.

Our pleasant visit is ended. The thanks of our readers are due for all that has made it so to the courtesy and patience of our hostess, Miss Vaux, the Matron, who has conducted us all over the Hospital.

ENGLAND TO THE CONTINENT.

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