the most dense ignorance. We prefer to hold the latter hypothesis, and doubt not that their lordships will draw the same conclusion we do as to the absurdity of an official of the Stock Exchange attempting to pose as an authority on medical matters, and wasting their lordships valuable time in order to air an assumption of professional knowledge.

## OBSTETRIC NURSING.

- By Obstetrica, M.R.B.N.A. --

PART II.—INFANTILE. CHAPTER III.—DUTIES AFTER BIRTH. (Continued from page 88.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

REQUENTLY you will observe little pink patches about the eyes at birth, on the eyelids, at the corners of the eyes, or between They are due to birth-pressure, and are commonly called birth-marks; they last for some time after birth, but they are unimportant. In some instances, one or more of these patches is intensely red and vascular, and it is then called a nævus, and as it increases in size it becomes a serious matter and requires surgical care later on. These nævi have been attributed to pressure during intra-uterine life, intensified during birth. I saw the head covered with nævi in one instance where intense cranial pressure occurred during birth; the infant did not live many weeks. But I am digressing—we are discussing eyes not heads. The eyes are also affected by pressure, and one or sometimes both are bloodshot at birth, due to an effusion of arterial blood into the cornea—injection of the cornea I think it is called. The blood absorbs in a few days. I have never seen any harm come from this condition, not does it seem to cause the infant pain. The eyelids are not affected, nor is there any watery or other discharge from them. Avoid light and heat to the eyes while thus affected.

There is another and very sad affection of the eyes-congenital blindness. It is not apparent at birth; it may be weeks before the discovery is made, and the ophthalmoscope confirms all that observation has surmised. This dire affliction is attributed to causes occurring before birth, and appears to be independent of any injury occurring during parturition.

Hitherto we have dwelt upon eye troubles depending upon circumstances connected with birth, but there are minor affections that may come on a few days afterwards that will require a little attention; for instance, an infant may "catch a cold" in his eye or eyes, from carelessness or accident at the time of birth, and they may be weak and watery. So long as the fluid effused is perfectly clean, bathing the eyes with a little rose-water, or distilled water just warm will soothe them, and any little gumming or discharge from them that may come on can be cleansed off with the white vaseline, and the eyes will soon be well; to begin with painful and drastic remedies before they are necessary would be to

inflict unnecessary pain.

My Nursing readers may ask, How is a Nurse to know the difference between simple catarrh and the beginning of ophthalmia? You cannot know; you can only watch. In the former case the eyes soon get well; in the latter they become rapidly worse. Act promptly, do the eyes yourself, or have them done at once. Delay is more dangerous than the disease—nay, I scarcely hesitate to say that where there is no delay, no half-measures in carrying out the necessary treatment, there is little or no danger to vision, hence it is I have dwelt so fully, and I fear somewhat tediously, upon the subject. Again, an infant's eyes may be irritated and inflamed even, from the crass ignorance that leads women to rub brandy over the head, and in this enlightened process spilling some of the spirit into the eyes. My young readers may be surprised when I tell them that this baneful practice goes on still, and not always amongst the poor and ignorant; hence I enter my fervent protest against it.

There is another point to bear in mind—that neither carelessness nor ignorance can produce though they may, and do, intensely aggravate congenital ophthalmia. It is a specific disease peculiar to the newly-born, and it has to be met by specific remedies; and knowing this, women engaged in Midwifery Nursing should be very reticent in expressing any opinion on the subject; all we have to do is to get the baby's eyes well.

The only point we have to consider now is to what extent the infant's general health suffers from the disease; under mild forms there is not much constitutional distress, though it has been often noticed that constipation is a concomitant symptom of infantile ophthalmia. It is probable that some brain irritation may be induced by

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