

and below the lids and gently separated; that of one hand is carried downwards, the skin of the lower lid moving with it over the superior maxilla, while the other moves upwards over the supra-orbital margin, followed by the upper lid; in this way all pressure on the globe is avoided, and the orbicularis kept under control. If there is much swelling this method of opening is not usually possible, and retractors should be used.

These should be warmed and gently passed under the lid margins, lifting them away from the globe and opposing the pressure of the orbicularis.

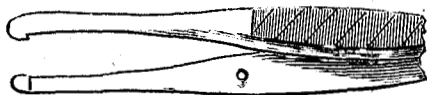
Desmarres' retractor is the most convenient pattern for general use. A number of different sizes should be kept.



*Desmarres' Retractor.*

Sometimes the nurse may be called upon to remove eyelashes, which have become mal'directed and are turning in upon, and irritating the eye.

This should be done by means of special epilation forceps. The best pattern has smooth flat blades; it is a mistake for cilia forceps to be serrated, as fine hairs lie between the teeth and their removal is difficult or even impossible.



*Cilia Forceps.*

This is one of few occasions, where one acts deliberately against the rule given above, "never to hurt a patient." It undoubtedly gives less pain to seize the lash in forceps, and by a jerk remove it. Many lashes, however, will break under this method, and the sharp broken stumps will irritate the eye more than the whole lash. Each hair must be grasped in the forceps close to its root and by gentle, steady traction pulled out.

It is sometimes the duty of the nurse to show a patient how to put in and to take out an artificial eye. This requires a little knack and care, as the eye is very brittle, and if it fall, during the operation, is liable to be broken.

The patient, therefore, should be instructed either to hold a soft towel or some similar substance to catch the eye in case it escape from his grasp, or if he is unable to insert and remove it with ease, to hold his head close over a soft surface on which the eye may fall safely in case of accident.

Before inserting an eye it adds much to the comfort of the patient to smear a little vaseline,

or cocain ointment, over it. Then the upper lid is raised by the left hand and the eye slipped under it and gently pressed upwards. When it has reached its highest limit the lower lid is drawn with the finger round the inferior edge and the eye is in position. It is held in place by the contraction of the orbicularis. If the eye is too large the lid cannot be drawn round it in the way described.

To remove an eye is easier than to insert it; the left hand holds the cloth just below the eye, and draws the lower eye-lid down. The right hand passes a probe into the lower fornix, and under the lower edge of the eye, which is then levered over the lid. It is at this moment that the danger of its escaping and falling on the floor is greatest. When once an edge of the eye is outside the lid, it is easy to deliver the whole by gentle pressure on the upper lid.



*Sections of Snellen's Artificial Eyes.*

The ordinary eye is a simple shell whose edges are apt to irritate the conjunctiva; between the stump and the eye a large space is left in which discharge is pent.

Recently a new form of artificial eye has been introduced by Snellen, of Utrecht, in which the disadvantages of the old form, the sharp edges, and the hollow space between the eye and the stump, are not present to any extent. Their insertion presents no new difficulty, and is performed in the way just described.

*(To be continued.)*

## **An Eye Hospital for Ceylon.**

The Governor of Ceylon, Sir J. West Ridgeway, presided on Monday last at a large and successful meeting convened to consider the form which a memorial to the late Queen Victoria should take in Ceylon. It was decided to found an eye hospital and asylum for the blind, a most appropriate decision in a tropical country where eye diseases are always rife. Nothing is sadder than the large proportion of blind persons, including children, who are to be seen in the tropics, and when we reflect how soon permanent blindness may result from neglected diseases of the eye, we realize the importance of hospitals in which these diseases may receive speedy treatment.

[previous page](#)

[next page](#)