

Notes on Eye Operations.

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Those nurses who, like myself, were trained in a general hospital in London might, if they went abroad to countries like Palestine, Syria, and Egypt, find themselves equally ignorant on the diseases and operations and treatment of eyes.

Cataract, glaucoma, strabismus, iritis and conjunctivitis seem to me to be the only recollections I have of ophthalmology, and those of a very vague and uninteresting character.

It seems strange to think that though eyesight is such a precious gift to man, yet so little thought has been given to it both by medical men and nurses. In fact, it was only a century ago that anything was known of ophthalmology, and only of recent years that a special study was made of it, and anything made of the nursing branch. And yet it is one of its most refined departments, requiring much skill, deftness, lightness of hand and touch, knowledge of the subject, great observation and perception, and the most minute and scrupulous asepsis.

In fact, *asepsis* is the root and secret of the treatment of eyes, both on the part of the operator and that of the nurse, the preparations of the instruments, utensils, dressings, and swabs falling on the latter, who thus not only shares the responsibility with the operator, but actually has to bear the brunt of it.

The day for *antiseptics* is fast dying away, *asepsis* taking its place, and this may be particularly said in the case of eyes.

Carbolic lotion is never used; *iodoform* in powder is used for ulcers; *sublimated mercury* is used on the conjunctivæ in cases of trachoma.

But these are to be used only by special orders by the oculist.

Boric acid lotion and sterilised water are the only liquids which a nurse may venture on in preparing a patient for an operation or for cleansing purposes.

In preparing a patient for an operation the greatest care should be taken to have the head, hair, and face thoroughly clean—the hair being a special case for women, as frequently it gets in the operator's way, and it must not be forgotten that in many cases the head has to remain bandaged for several days, giving no time for care when the oculist removes the bandages to alter the dressing.

The face and eyes and eyelashes must be made as aseptic as possible before the operation, a bath, including the head, being the first step; after that, the eyelashes must receive attention, and finally boric acid compresses should be placed over the eyes and bandaged, and thus the patient should be taken into the operating theatre. Apart from the principle of asepsis, this is the most merciful thing

to do for the patient; in these days *chloroform* need never be given, *cocaine* being used instead.

The nurse then removes the bandages, and the operator or his assistant drops the cocaine with an eye-drop, drop by drop (while the final arrangements are being made by the nurse), until the eye becomes quite insensible to the touch of the operator's finger.

When atropine, eserine, or cocaine are used, either as lotions or as ointments, they should be put in small pots or bottles, so that each patient may have a fresh one opened for his use.

With regard to the dressings, it is needless to say how daintily and lightly these can be made. Round pads of cotton-wool placed between gauze on either side, so as to prevent the cotton-wool sticking and irritating; light white gauze or butter muslin bandages can be used, and tiny swabs made of butter muslin instead of cotton-wool. All these can be placed in a metal box, hermetically sealed with a strip of cotton-wool and sterilised, and the box should only be opened when required.

Inflammations or diseases of the eye may be caused by illness—*i.e.*, measles, scarlet fever, diphtheria; accident—*i.e.*, blows, burns, scalds, or foreign bodies entering the eye; constitutional, such as syphilitic or strumous subjects; congenital, such as purulent vaginal discharge from the mother at birth.

Old age. Infection by contact or through flies.

Ophthalmia is an inflammation of the conjunctivæ, and may be simple or purulent.

One of the saddest and most unnecessary forms of ophthalmia is that at childbirth, where there has been neglect in *at once* attending to the cleansing of the infant's eyes, frequently causing partial or complete blindness in a few days.

Purulent ophthalmia, known as Egyptian ophthalmia, is not common in England amongst adults, but in hot climates, where sun, dust, and flies abound, it is very universal.

The time of incubation is three days; the eyelids swell rapidly and grow enormous, inflammation preventing the doctor or nurse frequently from lifting up the eyelid to attend to the eye itself, which runs great risks from the offensive discharge.

Boric acid fomentations and a hypodermic injection of morphia are usually prescribed, in order to reduce the inflammation and to give relief from the intense pain and enable the patient to sleep.

It is a terrible sight to attend an out-patients' department in Egypt, and to see the number of infants, children, and adults that are treated for this terrible disease, and as in their poverty and wretched homes they are unable to contend against the intense glare of the sun, dust, and flies, they fare badly. One oculist told me he had on several occasions extracted *vermin* from the eyes of patients, in these cases blindness being the inevitable result.

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