

This disease is caused by the tension of the eye-ball, and is frequently attended by much pain.

Persons suffering from glaucoma avoid light as a contra-distinction from those afflicted with cataract.

*Cataract* may be caused by disease, such as diabetes or by injury, but it is usually associated with old age. It is caused by the crystalline lens becoming opaque, and thus precluding light.

An operation for cataract is usually successful, and though it requires skill, still it is a very short, simple and essentially clean operation.

The operator cuts through either the upper or the lower part of the cornea and extracts the thickened lentil-like lens.

Many operators perform iridectomy at the same time. This consists of cutting out a triangular piece of the iris, so as to enable the pupil to absorb more light. Both eyes are then covered with light, thick pads and bandaged.

The patient must not sit up for several days, and liquid diet or soft bread and milk and milk puddings are given, in order to prevent mastication, an aperient having been given before the operation.

Some oculists do not remove the dressing for three days, whilst others do so on the following day, the latter cleanse the eye-lashes, and while taking great care not to touch the upper eyelid, draw down the lower and drop in some atropine.

I have found the latter method more satisfactory, as in case of any discharge it is cleaner and more aseptic than waiting for three days. Tears frequently flow after the nervous tension of an operation, the success or failure of which means so much to the patient. This scalds the eyes, wetting the compress and causing great irritation.

In doing the dressing great care must be taken not to shake the patient's head, and as such patients have to lie flat on their backs, the back must be attended to.

Usually after the third day the good eye is exposed and the patient is allowed to sit up.

Sometimes a little hæmorrhage takes place in the iris, which clouds the sight and makes the operation appear unsuccessful; but this is soon absorbed, and things take their natural course towards recovery.

These apparently small things are what nurses should be quick at observing, and what constitute the success of the oculist and enable him to make the right diagnosis in the complex derangements of that small and yet all-important organ. A physician or a surgeon might save life, but what is life without sight? And remember the nurse's responsibilities, as well as those of the oculist, are great.

*Pterygium* is a triangular or Y-shaped tumour in the inner corner of the eye, and would be harmless were it not that there are instances where it has spread its roots over the cornea and caused blindness or has thickened and plugged the lachrymal duct.

Oculists, therefore, remove this cyst in its earlier stages, when the operation is a very simple one.

*Strabismus*, or squint, is very disfiguring, and ought to be operated on. The usual method is to cut and re-unite the longer and looser muscle, but some oculists reverse the operation by severing the tighter muscle, which draws the eye out of its place.

*The lachrymal duct* may frequently be diseased, causing the canal to be closed, and the nurse may be expected to pass a probe in the lachrymal duct.

Great care must be taken to have the probes aseptic.

Stand behind the patient, lean his head on your chest, insert the probe first *inwards* and then *downwards*.

The patient must keep the probes in about fifteen to twenty minutes, and ought, therefore, to be placed in a comfortable seat and watched, as such patients frequently faint, especially while the probes are being removed.

*Eye excisions.*— Sometimes eyes become so diseased and cause such intense pain that it is necessary to remove them.

Once the eye is removed the healing process is rapid, though at first the cutting of the optic nerve is very painful.

The usual way of filling up the vacuum has been by the insertion of a glass eye, which, so far, unfortunately, has been only partly successful, as the glass eye retains a fixed stare and betrays its existence.

A few years ago I saw an oculist try an experiment in order to do away with this disfigurement. He removed the upper part of the patient's eye, the eye of a living hare was removed, and the upper part containing the cornea was used as a graft. Unfortunately, the graft did not take, and the enterprising oculist failed in his effort.

But about a year ago, when I was at Bordeaux (1904), I saw Professor Lagrange, a well-known oculist, use the eye of a hare in a more successful way.

The patient, a woman, aged forty-two, had her eye entirely removed. The hare was killed on the spot by an assistant, the eye was extracted and used as a *stuffing*. The cornea was put in foremost, touching the optic nerve, and the muscles were sewn over it so as to enable it to move in every direction—up and down, right and left.

This proved a very painful operation, as the weight and pressure of the foreign eye on the optic nerve was keenly felt by the patient. But her reward came when she was able to wear a false eye consisting of a very thin shell, and as she was able to move it in every direction it was quite impossible to detect which eye was the real one.

As this may seem incredible to those who have not witnessed the operation, I must add that five months later, when the patient came to Paris, I engaged her as housekeeper at the hospital, and no one was conscious of her infirmity.

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