

Medical Matters.

THE DETECTION OF IMPERFECT CONDITIONS OF EYESIGHT.



Dr. Harold Barr Grimsdale, F.R.C.S., lecturing last week to the Childhood Society at the Parkes Museum, W., on "How Imperfect Conditions of Eyesight may be Detected and Guarded Against" strongly recommended certain points to the attention of parents and teachers. He mentioned the

following symptoms as some of the commonest defects.

Pain or discomfort after using the eyes.

Constant or frequent inclination of the head to one side, accompanied often by curvature of the spine.

A perpetual frown.

A habit of looking through half-closed eyelids.

Frequent headaches.

Redness of the eyelids and the formation of tiny scales at the roots of the lashes.

Eyelashes falling out.

The complaint (a very frequent one) that the type of a book appears to change colour, that letters turn red, or, less commonly, blue.

The squint.

Myopia (shortness of sight).

Dizziness when in the open air.

He urged the immediate seeking of ophthalmic advice when any of these symptoms were present. Frequently, he said, schoolchildren were called stupid, dull, or lazy when in reality they were the victims of defective sight. The eye, especially in the child, was exceedingly "accommodating," and when a defect existed it accommodated itself in such a way as partially to overcome the deficiency. The effect, however, was a great strain upon the muscles and the brain of the child, and the nervous tension frequently resulted in exhaustion and breakdown of health. It was the effort at accommodation which caused the symptom, and with a little knowledge the teacher or parent should be able to recognise it.

Mothers instead of recognising the habit of squinting as a disease requiring expert treatment, usually thought it quite sufficient to scold the child for a bad habit. The squint could easily be taken in time, as its outset is not sudden. It is intermittent at first, growing eventually to a fixed habit. If treated within six months of its first appearance its cure is comparatively easy.

Lectures on Anatomy and Physiology as Applied to Practical Nursing.*

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The first, most common, and therefore most important, accident to which the bones of the human body are liable, is what is termed a *fracture*, that is to say, a breaking of the bone. Fractures may be either what is termed *incomplete*, such as the *greenstick* fracture already alluded to, or *complete*, when the bone is broken right across. The former variety is chiefly found in young children, and the reason for the bending, rather than the breaking, we have seen to be explained by the comparative softness of the bones in early life. In fractures of the skull, where the bones are all tightly bound together, it is again very common to find the fractures incomplete, that is to say, fractures which do not separate the bones completely from one another. With regard to the *greenstick* variety, the treatment simply consists in straightening the bone as far as possible. When the skull bones are implicated, there is generally no distortion, and no displacement therefore, to be corrected by the surgeon.

But there are various forms in which complete fractures occur; for example, they may be *simple*, that is to say, the skin over the bone is not broken; *compound*, cases in which the skin over the bone is broken, the bone also often protruding through the opening in the skin; and *comminuted*, when the bone is broken at the seat of the fracture into a smaller or larger number of fragments. It is well to remember these varieties carefully, because we shall see, hereafter, that according as the fracture falls into one or other class, the difference to the patient is very great.

Now, fractures occur in different ways—they may be caused by a direct blow or by indirect violence. For example, a butcher's boy, driving in the reckless manner of his kind, knocks a child down and runs his cart over its leg; in attempting to suddenly stop his cart, he pitches violently over the horse's head himself, and falls upon his hands. The child is picked up with a broken leg, due to the direct force of the cart wheel; the boy arises with both collar bones broken, the violence of his fall having been conveyed through his forearms and arms to the clavicles. Or the

* These Lectures commenced on October 6th. Back copies of the Journal (post free 2d. each) can be obtained from the Offices.

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