

over the dressing before removing; in case it is sticking to the lids; the lids should then be washed very gently on the outside before allowing the patient to open his eyes. If atropine is to be used—but this will always be decided by the surgeon—it must be freshly made up, or, better still, previously sterilised. (This may be done by using Stroschein's aseptic bottle, the nipple is removed, the pipette reversed and inserted into the bottle, the whole apparatus is then boiled for three minutes over the flame of a small spirit-lamp. During the process it may be held by a wooden clip or by a forceps, thirty seconds after removal of the bottle from the flame the pipette is inserted in its original position and the top replaced). After the drops are given the patient should be instructed to close both eyes gently before replacing a fresh dressing, a sterilised pad should then be applied on the eye that has been operated upon and kept in position by a light bandage leaving the other eye uncovered, this is changed each day and atropine given according to orders, the nurse should brush and comb the patient's hair every day while the bandage is off. At the end of nine or ten days the bandage is usually left off altogether and the patient allowed up. After removal of the bandage the patient is given a pair of London smoked glasses and a shade of some sort to protect the eyes from light. A very good shade can be made of brown packing paper, folded once, about four inches deep and sufficiently wide to cover both eyes, it is best made with square corners to shut out the side light, and can be worn by passing a piece of tape or ordinary eye bandage between the folds of the paper and round the back of the head (low down to prevent slipping), crossed, taken back and tied on the forehead. The shade is then comfortable and secure, and the patient is allowed to walk about, thus, for four or five days or a week, and at the end of that time will be ready for discharge from hospital wearing a pair of protective glasses. He should return in four or five weeks to have the eye suited to its glasses for reading and general use.

The foregoing remarks apply more particularly to cases where an iridectomy has been done as part of the operation, when, however, iridectomy has not been done the eye is dressed after twenty-four hours so that any protrusion of the iris may be seen and cut away at once.

Unfortunately, however, cataract extractions do not always get on so smoothly as the foregoing description might lead one to suppose, and the presence of one or more of the following signs will warn the nurse that all is not going

on well; slight rise of temperature, continued or recurrent pain, the presence of discharge in any quantity, if watery it often points to iritis if thick or yellow to suppuration.

Iritis is a frequent complication, and is often an evidence of septic invasion. It occurs usually on the fourth or fifth day after operation. The symptoms are pain, swelling of the lid, watering of the eye, and dread of light. The remedies usually ordered by the surgeons are leeches, atropine, and hot compresses.

Old people sometimes find confinement to bed with bandaged eyes too much for them, and may become delirious, especially if they have been addicted to alcohol. In the case of these or of diabetic patients, who also find lying in bed troublesome, rules may have to be somewhat relaxed. The patient must generally be allowed to wear a shade instead of having both eyes bandaged. D. R. A.

### A French Doctor on the International Nursing Conference.

It is a curious and, at the same time, a sad fact, writes Dr. Paul Cornet, editor of the *Bulletin Professionnel des Infirmières et Gardes Malades*, that in 1907 we are to have in France an International Conference of Nurses, in which Congress the Municipal and other nurses will not be represented, at least, so far as a National Union or Centre is concerned. This at least was the conclusion we had come to, as well as the American Organisation Committee. In fact, it is from this Committee that we learn this simple truth, viz., that there does not exist in France a National Association of *Infirmières et Gardes Malades* such as exists in other foreign countries.

Fortunately, we are going immediately to remedy this condition of things, so that the corporation of the nurses of France should be represented when the Organising International Committee of the Conference of 1907 meets.

This representation of the permanency of which there is every reason to be assured, must be loyally arranged. That is to say, we must avoid in France, any religious or sectarian questions, very doubtful in worth, when the question in point is to collaborate for a definite purpose. There must be no exclusiveness.

This would, on the contrary, be against our present public spirit, as the French Government protects no special religion. It would be absurd, for I do not know at the present time in France—notwithstanding praiseworthy efforts—a single institution of *nurses*\* which is perfect. All human things are inherently imperfect; it is necessary, therefore, that all the initiators and educators, whether they be men or women, whether they are in Paris or in the Pro-

\* Note that the writer does not use the word "*infirmières*."

[previous page](#)

[next page](#)