

Situations of the commoner eye diseases.—It is easy to see, when one understands the structure of the eye, how the effects of disease will vary with situation. Thus disease of the choroid (choroiditis) will interfere with the blood supply of the retina and lead to failure of vision in the same way as disease or injury of the retina itself, which will prevent the nervous messages being sent back to the brain. Opacity of the lens (cataract) will obstruct the rays of light and prevent the formation of a clear image on the retina; this will lead to failing sight, though the retina itself may be perfectly healthy. In this case if the lens can be removed the patient will see again, provided he wears a spectacle lens equal in power to the lens of his eye which has been removed.

Ulcers and injuries of the cornea very often heal by forming scars and these, if they are over the pupil, will also prevent the rays of light entering the eye. At present no certain cure for corneal scars is known, so that it is particularly important that corneal diseases should be prevented, as they often can be, or at least treated as well as possible, so that they heal with a minimum of scarring.

Diseases of the lids and tear passages, although they may have serious complications, do not in themselves affect sight.

Forms of treatment often prescribed in eye diseases.—

1. *Cleansing treatments.* The use of an eye bath or of irrigations with an undine is ordered to wash away discharge in conjunctivitis and other diseases. Various lotions are used. It is well to remember that boracic lotion and also normal saline solution can never do any harm, and that a lot of the success of irrigation treatment depends on the frequency with which it is carried out. In some cases (for example, ophthalmia of newborn babies) it may be necessary to irrigate every half-hour with saline. Sometimes it is necessary, as in marginal blepharitis, a disease of dirty and ill-nourished children, to cleanse the lids as well, and for this bicarbonate of soda (a teaspoonful to a pint of warm water) will be found the best thing. Boracic lotion is not nearly so good for this disease.

2. *Disinfectant treatment.*—Various antiseptics are used both as lotions and in the form of drops. Some of them, such as silver nitrate (1 per cent.) are strong and must not be used frequently. Colloidal silver drops, however, are not irritating. Perchloride of mercury is very dangerous if it is used at all strong, that is to say stronger than 1 in 10,000.

In newborn babies a severe conjunctivitis (ophthalmia neonatorum) sometimes occurs from lack of cleanliness at the birth. It is dangerous as it may destroy the sight. It should, if possible, be prevented. This is done by carefully wiping the lids of each eye with a clean swab before the baby opens its eyes and then dropping in one drop of 2 per cent. silver nitrate (Crédé's method). This produces a slight reaction which is sufficient to prevent any severe inflammation even if the eyes are infected. If the disease does occur it requires most strenuous treatment under medical supervision. For poorer patients it is as well to remember that an L.C.C. Hospital (St. Margaret's, Camden Town) exists for the treatment of this disease and that an ambulance will be sent and a case admitted at once on a nurse's recommendation alone. This is sometimes very useful in midwives' cases when getting a doctor may cause delay.

3. *Treatment by midriatics and miotics.*—A midriatic drug is one which dilates the pupil (examples, atropine, homatropine, hyoscine). A miotic drug contracts the pupil (examples, eserine, pilocarpine). These are used in the treatment of diseases of the eye itself and also for diagnostic purposes. They must always be prescribed by a doctor and the greatest care must be exercised in

their use, as to give atropine where eserine has been ordered (for example, in acute glaucoma) will almost certainly lead to the loss of the eye. This is particularly important in hospitals, where both kinds of drops are often available and are often kept side by side in similar drop-bottles.

4. *Leeches and heat.*—In cases of severe inflammation leeches are often used. Two leeches are applied just outside the outer bony margin of the orbit, on the temple. They are allowed to suck until they drop off. It is advantageous if the bleeding continues for some time afterwards, so that no very heroic methods need be taken to stop it. Heat is also invaluable both before and after the leeches have been ordered. It is best applied in the form of hot bathings. Take an ordinary wooden kitchen spoon and tack a covering of lint over the bowl. Put some boracic lotion, nearly boiling, in a basin and let the patient steam his eye by dipping the spoon in the lotion and holding it gently to the closed lids. This he can do for half an hour or so if necessary, fresh boiling water being added to the lotion from time to time.

Treatment of operation cases.—After any operation in which the eyeball itself has been opened, it is essential that the patient lies as still as possible on his back for the next thirty-six hours at least. This is because there is a great risk of hæmorrhage into the eye and also a risk of a piece of the iris coming out through the wound (which is a dangerous complication necessitating a further operation). Many eye operations are performed on old people and they find it very trying to keep still on their backs for so long. Much can be done to relieve them by a pillow under the knees, by aspirin, and by careful attention to the smoothness and softness of the bed. They must not be allowed to raise their heads themselves and the dressings must be done with the greatest care and gentleness to avoid any pressure on the eye. The patient must be specially warned against squeezing the eye with the lids, as this may easily lead to failure of the operation.

THE REPORT OF THE DEPARTMENTAL COMMITTEE ON THE TRAINING AND EMPLOYMENT OF MIDWIVES.

Miss Gladys Le Geyt gave a very interesting Address on November 1st on the Report of the Departmental Committee on the Training and Employment of Midwives, appointed by Mr. Neville Chamberlain when Minister of Health, "to consider the working of the Midwives Acts, 1902-1926, with particular reference to the training of midwives (including its relation to the education of medical students in midwifery) and the conditions under which midwives are employed." The Chairman of the Committee was Sir Robert Bolam, M.D., F.R.C.P.

The Report is signed by all the members, but, Miss Le Geyt points out, with an important reservation made jointly by Mrs. Bruce Richmond and Dr. Fairbairn.

These two members of the Committee, apart from dealing with the main subject mentioned in the reservation, which concerns certain far-reaching suggestions made in the Report for alterations in the working, functions and composition of the Central Midwives Board, drew attention to the fact that practising midwives, the body most affected by the proposals, were almost without representation on the Committee.

At this point it is important to recall the protest made by the Royal British Nurses' Association, and the British College of Nurses, at the time when the Departmental Committee was constituted, that the State Registered Nurse holding also the certificate of the Central Midwives' Board—literally a registered Nurse-Midwife—was without representation. This serious omission, perhaps, accounts

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