

## Nursing of Diseases of the Eye.

By HAROLD GRIMSDALE, F.R.C.S.,  
Assistant Ophthalmic Surgeon, St. George's Hospital.

### DISEASES OF THE CONJUNCTIVA.

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To sum up shortly the rules for nursing patients suffering from acute conjunctivitis, we must divide all the cases into those which are actually infectious and those in which the disease is simple. In the first instance the nurse must remember that her duties are two-fold; she must carry out the treatment so as to benefit the patient, and at the same time to prevent his becoming a source of danger to his fellows or to himself. Taking the latter point first, if one eye only appears affected with purulent ophthalmia, precautions must be taken so as to abort the disease in the fellow eye if it have recently been transmitted, and to protect against inoculation in the future. This must be done in the way described in the text, by the use of strong silver salts, and by some protective dressing. Further measures must be taken against infecting anyone in the neighbourhood of the patient. When possible, the nurse in charge of a purulent case should not have any other patients under her care. This cannot always be arranged, but she must not go from a purulent case to any other without taking every precaution. It is best that she should defer the treatment of these people until the other patients have been attended to.

It is advisable to reserve special washing basins, plates, cups, &c., and, of course, separate dressing tins and receivers must be kept for such cases, and so long as the treatment is continued, must not be placed with those of the rest of the ward. It is well, if possible, to keep them permanently apart. All these utensils must be boldly labelled with some distinguishing mark to minimise any risk of inadvertent use.

No brush should be used for applying medicaments to the lids. A small mop of wool, which can be immediately burnt, is in every way preferable. This may be wrapped on a glass rod, and after use the rod should be put into a strong antiseptic solution. If a hydrostatic douche be used, it must be kept solely for purulent cases. The nurse must be very careful that in applying this no splash of liquid falls into her own eyes. It is a good plan to wear plain glass goggles while the douche is being given. The pressure at the nozzle must not be great, *i.e.*, the reservoir must not be elevated much above the patient's head; 6 inches or 8 inches is ample.

All swabs, &c., must be burnt at once.

By such means as these the risk of infection is reduced as far as possible.

As regards the active disease, the chief object

of treatment is to guard the cornea against invasion by the pyogenic micro-organisms. This we must attempt to secure by simple cleanliness; the discharge must not be allowed to accumulate, but must be removed very frequently; the greatest care must be taken during the removal that no breach is made in the corneal epithelium by which the septic matter can gain entrance. For this reason gentle douching is superior to any other means of cleansing. This removes all the superficially lying bacteria; the deeper ones, which have invaded the cells of the epithelium, are to be followed up by the application of silver salts, which to some extent, varying with the salt chosen, penetrate the cell substance, and attack the bacteria *in situ*. As long as the discharge is purulent, so long is it actively infectious, and therefore the treatment must continue. When the pus is no longer formed the more energetic measures may be stopped, though the danger of infection is not completely over. It is, however, very rare for inoculation to take place from an eye in this condition. The Buller's shield, if it has been used, may be removed; this will add much to the adult patient's comfort. Astringents will be ordered in this stage by the surgeon instead of the more specially antiseptic lotions, and it will generally be necessary to continue their application for some weeks before the conjunctiva reassumes its normal appearance.

I have spoken of the depressing nature of the disease in adults and have shown how general treatment is required. It often rests with the nurse to encourage the patient to keep up his own strength by taking abundant nutriment. The diet must be ample, and changed frequently to prevent monotony. Stimulants, however, will usually be withheld by the surgeon except for special reasons.

When the cornea is affected the risk to the patient and his discomfort are alike increased, and the nurse's duties become even more important. The care in cleansing must be redoubled, and all possible injury from incautious handling guarded against. If silver nitrate be ordered to apply to the lids none must be allowed to come in contact with the cornea lest a permanent stain result. A small mass of wool may be placed at the inner margin of the everted lid to catch any excess of the solution during its application, and the surface of the lids must be freely washed with salt solution before they are allowed to resume their normal position. The salt solution precipitates any remaining silver as silver chloride, in a position where it can do no damage. If the lids be inverted again without washing away the silver salt some may come in contact with the ulcer, and be precipitated by the tears on its surface. For a similar reason no solution of lead salts must be employed in any position where it could by any possibility reach the cornea. If the inflamed lids have

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