

doctor to the internal nerve injury. It is important, therefore, that nurses should understand and remember the great necessity for observing, and at once reporting, any loss of sensation or power of muscular movement.

With regard to disease, it may be said that Inflammation, Degeneration, and Tumours are the chief sources of nerve affections, and that the symptoms of such diseases are also three in number—namely, Pain, Loss of Sensation and Loss of Motion. It will be well to remember these causes, and these effects, because when we come to consider the affections of the brain and spinal cord, these matters will be seen to be most important.

For the moment, sufficient has already been said to explain why loss of sensation and loss of movement follow causes which interfere with the healthy action of the nerves. With regard to Pain, however, many questions of great importance and interest arise. In brief, it may be said that Pain is never felt unless a nerve is affected; that is to say, that any organ or any tissue of the body may be gravely diseased or injured, and unless the nerves of that part be affected, pain will not be experienced by the patient. For example, the patient may have a tumour affecting the womb, which may grow until it weighs forty or fifty pounds, and fills the whole abdomen; yet the patient may not complain of anything except a feeling of dragging—due to the weight. On the other hand, the same kind of tumour, so small that it does not weigh a single pound, may become degenerated and inflamed, with the immediate result that the patient begins to suffer more or less severe pain; the simple explanation being that the nerves around the growth have become similarly inflamed. On the other hand, a small boil in the sensitive tissues of the ear or the nose will cause extreme suffering, because the nerves surrounding it are at once affected.

Another important principle for the nurse to remember is that Pain is often complained of in some part, at a considerable distance away from the disease which has caused the nerve trouble. This is called *reflex* pain—that is to say, the pain is reflected along a nerve from one place to another. For example, most people know that severe neuralgia is often felt in the face or temples or ear in consequence of decay in one of the teeth, which itself may cause no direct pain. And many people know, by personal experience, that a severe headache or neuralgic attack may be caused by indigestion or liver or kidney disorder; and every nurse probably sees cases of hip-joint disease in which the patient complains of nothing except pain in the knee.

(To be continued.)

Detection and Treatment of Defects of Children's Eyes.*

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(Abridged.)

(Concluded from page 365).

Myopia, "short sight," is the form of defect which is most readily recognised by the world outside. When a child cannot see things at a distance which are obvious to the parent, but can read with comfort or see things which he holds in his own hand, it is clear that his vision is not normal, and when it is observed that he narrows his palpebral fissure to improve his acuity, the chances are that he is suffering from myopia. It is true that this diagnosis must not be made too rapidly; many other conditions can give rise to the same or very similar symptoms, but the commonest cause is myopia.

External symptoms are comparatively rare; headache, which was, as we said, so common in hypermetropia, is quite unusual in myopia, and even in myopic astigmatism is seldom a prominent complaint. On the other hand, myopes occasionally complain of giddiness and vertigo.

Frequently they make no complaint, and are very proud of their strong eyes; there is a popular error that myopic eyes are especially strong. This is in reality the reverse of the truth. No myopic eye is free from grave danger.

The question of treatment of myopia is intimately associated with that of its development. There can be no doubt that myopia is rarely if ever seen in savages, and almost equally rarely in young children. It is, then, an acquired condition, brought on in some way by the artificial limitations of civilised life, and, perhaps, to some extent, an adaptation to them, though this seems to me unlikely.

Now, the chief difference, as far as the use of the eyes is concerned, between the savage life and the civilised, is that in the former the eyes are used to distinguish objects at a distance, while in the latter, they are much more used to observe and study objects held in the hand. The size of the object is of no importance; the angle which an object subtends varies according to the distance. There must, therefore, be something in the mere act of close regard, which can account for the change in refraction of the eye.

It must be remembered that every short-sighted eye is an unhealthy eye; and the risks

* A Lecture delivered before the Childhood Society.

[previous page](#)

[next page](#)