

eye, which may, just as the defects of the refractive apparatus, produce headaches, I do not propose to say more than a very few words.

The condition is less potent than the refractive changes; small errors of position may be disregarded, as they will be corrected or at least compensated, by the nervous mechanism. It is comparatively rare to find any muscular error which requires correction, with the exception of squint, which we have already discussed.

When there is some lateral displacement of the eye, the lateral moving muscles, whose relations are constantly varying, will readily hide it; when there is some alteration in the relative vertical height, the compensation is more difficult, since we have very little power to raise one eye above the other, and the result is a nervous breakdown. Fortunately, this is one of the less common abnormalities with which we have to deal by prescribing spectacles.

In such cases it will be necessary to alter the direction of the visual axis, by means of a prism, either alone or combined with the required refractive correction.

To sum up, finally, in a few words the results of our investigation, we find that it would be the ideal method to examine the eyes of every child before any schooling was begun, and to correct accurately all error found; practically this course is impossible, and the most that can be hoped is that parents and school teachers will not neglect those sufficiently obvious symptoms of defect, which we have alluded to, and that when their attention is thus drawn to the eyes, they will insist that the child visit a competent medical man.

He will decide, after due examination, what the future course of the child's life should be; whether, with or without glasses, he is fitted for ordinary school life, or whether school must be discontinued.

He will inspect the school and see that the lighting is adequate and the books, etc., of proper size and quality.

It will have been seen, that the treatment of practically all the conditions which we have dealt with, is the same, viz.: the wearing of proper glasses.

The method by which they are selected involves a visit to a skilled ophthalmologist: here we are not concerned with the exact manipulations required, but they will vary with the individual surgeon. The spectacles should be strong and the glasses thick, since they will have to outlast rough usage at the hands of their possessors. The frames must be fitted accurately; it is not enough to throw any frame on to the face. Children rarely are

fitted by odd sizes, and the frame will frequently have to be made specially.

The cheaper forms of frames, made by the gross at a cost of about 4½d. each, are absolutely unsuited for the use of school children. The frames are usually made of soft steel wire which bends under any strain and allows the lens to assume an entirely wrong position. This is the reason that some ophthalmic surgeons find themselves unable to help a recently formed society for the giving of glasses to school children, at a cost less than that of the ordinary hospital contract, because the samples of glasses which it was proposed to supply, did not, in the opinion of the surgeons concerned, come up to the standard which experience has led them to fix as necessary.

Even at the best, the glasses are likely to be bent out of shape in the course of some months, and they should be taken again to the spectacle maker, who will see that the frames are fitted accurately.

As an almost invariable rule, any child who requires glasses, must wear them always. It can do little good to use them only for school work; their use may be discontinued at certain games, in which accurate vision is of small importance, and the risk of accidents considerable; but with this exception, to gain the full benefit the wearing must be constant.

A Real History of Nursing.

The appearance of the first volume of a complete and dependable History of Nursing, compiled by two such gifted writers as Miss M. Adelaide Nutting and Miss L. L. Dock, is a momentous event in the nursing world, and in a few weeks we hope this important work will be obtainable in London, through Putnam's, the American publishers.

The volume is to contain about 200,000 words, and is to be well illustrated. From the following table of contents its historical value is at once apparent:—

Part I.: Treatment of the sick by animals—By prehistoric man—Nursing in early civilisations; India, Egypt, Greece, Rome—Sanitary code of the Jews.

Part II.: Women workers of the early Church—The early Christian hospitals—The Roman matrons—The rise of monasticism—Famous hospitals and nursing arrangements—The Hotel Dieu of Paris and Lyons—The military nursing orders—Other nursing orders of the Middle Ages—Early English history—Early Canadian history—St. Vincent de Paul and the Sisters of Charity—The dark period of the eighteenth century—Pre-Fliedner efforts—Pre-Nightingale times.

Part III.: Miss Nightingale's reformation—Early American history, up to 1873, when the first large schools were opened.

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