If only a simple remedy be employed skilfully at the right time, hundreds of thousands, even millions, of babies may come into their just inheritance of God-given sight, instead of being blind for life.

How incredible does it seem that in spite of this discovery nearly thirty years ago, 44 per cent. of the children admitted to one school last year were victims of ophthalmia neonatorum.

What a paradox in this age of preventive medicine!

Prof. Crede outlined his treatment as follows: Immediately after birth the child's eyes should be wiped with clean swabs or wipes wet with boric acid solution, stroking from the nose outward, followed by a single drop of a 2 per cent. solution of silver nitrate, dropped into each eye from the end of a glass rod, ⅛ in. in diameter.

There is a reason for each detail—the silver solution is practically a specific in this disease, a glass rod may be easily and satisfactorily sterilised, and but a single drop may be dropped at a time from the end, while the diameter stipulated gives a drop of fluid of the desired size. It is required that the solution be dropped *into the eye*, thus insuring its contact with the delicate conjunctival membranes, which are fertile soil for the infecting organisms. So important is the technic of applying this treatment that, in the opinion of Dr. Edgar, when ophthalmia neonatorum develops after the use of nitrate of silver at birth, it is due either to a secondary infection or to the fact that the solution does not really bathe the mucous membrane, but remains upon the lashes.

If the disease develop, the clinical picture is characteristic, and the disease is comparatively easily recognised on the second or third day after infection takes place. Billard's sign, a narrow transverse line in the centre of the lid, is an early symptom. Subsequently, the lids become red and puffy, and a slimy liquid oozes out, and, as the disease progresses, a purulent discharge is emitted from between their margins. If treatment is begun early, before corneal involvement takes place, the eyes may be saved, but too much stress cannot be laid upon the imperative necessity for prompt action. The infection is virulent and progresses with such rapidity that each hour of delay increases the danger of ultimate blindness.

Only an ophthalmologist should be entrusted with such a case.

The remedial treatment varies, but usually involves the employment of irrigations or drops at frequent intervals, sometimes every fifteen minutes, day and night, for weeks. As the prescribed treatment must necessarily be executed with skill, it is obvious that hospital care is desirable for patients suffering from ophthalmia neonatorum.

Too much cannot be said relative to the importance of thorough work and gentle manipulations in executing the details of the prescribed treatment. Whatever the medicament may be, it should actually reach the conjunctivæ at each operation. Solutions should be luke-warm and either dropped from a blunt dropper or applied with absorbent cotton, and the *greatest* care taken that not even the slightest abrasion of the mucous membrane or bruising of surrounding tissues result, thus more than defeating the purpose of the treatment. Infective material, gaining entrance through an abrasion of the conjunctivæ, may bring about the utter destruction of an eye. The danger to the nurse herself in irrigating gonorrhœal eyes is worthy of mention, since the fluid may spurt into her own eyes if other than the gentlest stream be used. Large protective spectacles are sometimes worn by the nurse to avoid this danger.

The use of a silver solution in the eyes at birth may give a false sense of security, for secondary infections may and do occur, with results quite as disastrous as those following infection at the time of birth. If the child has been surrounded by infective material during delivery, it follows that the bath water in which it is immersed, its clothes, the nurse's hands and apron, and the infant's own hands and nails may be the means of reinfecting its eyes.

We understand that at the Thirty-sixth Annual Congress of the Incorporated Sanitary Association of Scotland, which is being held in Elgin this week, a resolution is to be proposed as to the advisability of a Midwives' Bill for Scotland. It is evident that if the midwives in England and Ireland have legal status those in Scotland cannot be left behind. Moreover, in the interests of the lying-in mothers it is essential that evidence of having attained a definite standard of knowledge should be required of the women in Scotland assuming the responsible duties of a midwife even if it is "strictly limited to such knowledge as it would be dangerous for a midwife to lack," as is the case in this country.

The object to be aimed at is undoubtedly that the services of a medical practitioner, or a certified midwife, should be obtainable by every woman in her hour of need. Not only is it inhuman and unworthy of a civilised nation that any woman should be unable to obtain skilled assistance in childbirth, but from the national point of view it is very short-sighted policy. The loss of life and the permanent invalidism of many mothers owing to ignorant and unskilled attendance in labour, and during the lying-in period, are largely preventable, and ought to be prevented.

previous page next page