

## The Midwife.

### SIMPLE MEANS FOR THE PREVENTION OF PURULENT OPHTHALMIA IN INFANTS.

Prophylactic measures in the care of the eyes of the new-born, which is so important a part of the nurse's duty in obstetrics, are considered in minute detail in a paper by Dr. Mark D. Stevenson, read before the American Medical Association and brought to the notice of trained nurses through the *Nurses' Journal of the Pacific Coast*.

In the portion of the paper devoted to prophylactic measures following labour, Dr. Stevenson says that on the completion of labour the child's eyes should always receive consideration and attention, as a large proportion of cases of ophthalmia neonatorum—Nance claims two-thirds—are not due to gonococcus, but to other pathogenic organisms, likely to be occasionally present in any woman's vaginal discharges. When the mother has leucorrhœa, especially gonorrhœa, as easily determined by the microscope as a chemical examination of the urine can be made, considering not only the great danger of the child becoming partially or totally blind, but also the various metastatic conditions (McKee, Stieren, Bull) possible, and the increased infant mortality, it is certainly a sanitary crime not to use preventive measures. Pregnant women should be instructed to perform daily external cleansing with soap and water and a clean wash cloth, and if irritating or profuse white discharge is present to consult their physicians.

*Method.*—After labour is completed and the child removed from the mother, with clean hands and gauze, preferably dry absorbent, the child's face around the eyes and nose should be first wiped clean, wiping in a direction away from the eyes. Its eyelids, which should not be opened during this process, should likewise be carefully cleaned. (This does not sterilize the part of the face around the eyes, which is practically impossible, especially with any unirritating safe strength of antiseptic solution.) Next, the lids should be separated and, if there is no pus in the eye-sac from an already established inflammation requiring treatment, one or two drops of 1 per cent. silver nitrate solution should be dropped between the outer ends of the lids.

This amount and strength of silver nitrate does not require special neutralization, so that instillation of salt solutions is not necessary. Washing or cleaning the eyes with any solution, before or after using the silver, is not recommended, as it is likely to injure the epithelium on the cornea and may wash infectious material from the partially cleaned face into the eye or from one eye into the other. The slightest injury to the cornea, easily avoided, may be followed by corneal ulcer and loss of vision or eye-ball. The lips and nose should be wiped free of mucus, and the little finger, wrapped with a piece of gauze, should be passed into the child's mouth and any accumulated mucus removed by an outward sweep of the finger. To help prevent subsequent infections from the nose I advise dropping one drop, not more, of 1 per cent. silver nitrate solution into each nostril. The general toilet of the face and body may then receive attention. If there is considerable swelling or reaction after the use of the silver solution, light cloths wrung out of cold water may be applied for fifteen minutes or one-half hour, but are not often necessary. Harmless bleeding occurs rarely and usually is probably due to unnecessary roughness in separating the lids. If there is delay in labour after delivery of the head, some authorities advise immediate attention to the infant's eyes before delivering the body. Very rarely this might be advisable, especially if the eyelids become separated, but usually would not be good practice, as the accoucheur's and nurse's hands are not properly prepared to treat the eyes and might only infect them. The eyes would also be exposed to subsequent infections during labour.

*After-care.*—In subsequently cleaning the child's eye-lids and around the face and eyes, the nurse or attendant should be instructed to destroy all wipes and not to use any clothes or solutions dirtied with the mother's discharges or that had been used in previously cleaning any part of the child. They should always be instructed to inform the physician—and are compelled to do so under penalty of the law in many States—of any marked or continued discharge from or redness of the infant's eyes, especially if the lids become swollen or gummed together. Although by the use of prophylactic measures the severe and dangerous ophthalmias are almost entirely

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