

## OUR PRIZE COMPETITION.

WHAT IS CATARACT? HOW WOULD YOU PREPARE FOR AN OPERATION FOR ITS REMOVAL?

We have pleasure in awarding the prize this week to Miss Lottie S. Nunnerley, Registered Nurses' Society, 431, Oxford Street, London, W., for her paper on the above subject.

*Cataract*, from the word "Cataracta," a waterfall or portcullis, is an opacity of the crystalline lens of the eye more or less completely obscuring vision.

*Senile Cataract* is the most common form; eyes which have been quite healthy up to the age of 50 years may develop it. Heredity has very little to do with its causation, as is often supposed. In every eye the lens, from childhood onwards, slowly hardens and loses its power of focussing for near objects, and in the cataractous eye there is a special hardening and rapid shrinking at the centre of the lens, which leads to splitting up and gradual disintegration of the lens, with consequent loss of transparency.

*Diabetic Cataract* appears sometimes in persons suffering from diabetes; it is quite an ordinary cataract, and results from operations are often successful, bearing in mind the risk run from operating on a patient in this condition.

*Black Cataract* is one in which the lens is black in colour from blood pigment. Owing to there being a likelihood of disease of other parts of the eye, operating is often unsuccessful.

*Posterior Polar Cataract* is one at the back of the lens and is a rare form, which is important because it follows disease in the back of the eye, and, though the vision is impaired, this is not due to cataract nor cured by its removal. It often occurs in young persons.

*Cataract from injury* is caused by almost any wound to the lens and sometimes by severe blows on the eye.

*The Preparation of Room.*—The room should be cleaned, but it is not necessary to strip it as in the case of an abdominal operation, but everything for the surgeon's use should be prepared by strictly antiseptic methods. In a private house the operation is often performed on the bed, which should be drawn into a good light unless artificial light is used. A table should be prepared for the surgeon with sterilized towels, dressings, boracic lotion, and instrument trays; of the latter there should be two, one containing absolute alcohol and the other sterilized water; the instruments are then placed in the alcohol

and allowed to remain until ready for use, when they are changed into the water. Should, however, the surgeon prefer to have his eye instruments sterilized, this obviates the necessity of placing them in alcohol.

In preparing the patient for operation, it is well that he should be confined to bed for a day previous to the operation, and the night before a purgative should be administered, followed by an enema in the morning if necessary. A short time before the operation the eye should be thoroughly bathed with perchloride of mercury lotion 1-5,000, and then cocaine about 4 per cent. is instilled into the eye in either fluid or disc form, at intervals of about two minutes, until the cornea becomes insensitive.

The patient should lie on his back, with his head supported by firm pillows, and directed to look at some object, such as a lighted candle, held high above his head by the nurse. The operation is then performed, the eyes closed and a bandage applied, or a good method of closing the eyes is to use isinglass plaster cut in the form of a dumb-bell, the broad parts covering the upper and lower eyelids. The patient should keep the eyes gently closed and told not to squeeze them tightly or touch them with his hands; he should lie perfectly still and the room be well darkened.

Light diet should be given at first, and the bowels attended to. The wound should not be inspected for a week, and the plasters must on no account be removed.

The bandage may be removed and the outside of the lids gently wiped with damp cotton-wool if necessary, but most surgeons prefer to leave the eye absolutely alone. After a few days the patient is allowed to sit up.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. F. E. Dickson, Miss J. G. Gilchrist, Miss Mabel O'Donoghue, Miss M. James, Miss P. Lyons, and Miss K. Taylor.

Mrs. Dickson writes that "one of the necessary conditions for the eye to properly carry out its work is that certain media by means of which light is enabled to reach the retina shall be transparent. The crystalline lens is one of those media, and therefore when opacity (cataract) develops, the sight is seriously jeopardized, and blindness will ensue. The patient, however, can distinguish light from darkness.

Cataract usually develops in elderly people. It may be the result of some injury to the eye, but more frequently no cause can be traced.

The patient complains of gradually failing sight, and as the cataract develops, the eye

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