

ON THE IMPORTANCE OF OPHTHALMIC TRAINING FOR NURSES.*

By ERNEST THOMSON, M.A., M.D.,

Surgeon to the Glasgow Eye Infirmary, Consulting Ophthalmic Surgeon to the Glasgow Maternity and Women's Hospital.

When first I was approached by a member of the Committee of this Conference about a paper on the Nursing of Eye Cases, it immediately struck me that while such a paper could never overtake such a large subject, in the course of half an hour or so, it might be worth while in that brief space of time to show those members of the Conference who do not already appreciate it the great value of Ophthalmic Training for the General Nurse.

It is, then, my intention to try to show the importance of such a training, and also to illustrate certain peculiarities in the nursing of eye cases which render it almost impossible for any nurse who has not had the special experience to undertake such cases with any hope of success.

You may be inclined to regard the eye as such a small organ that there can be no difficulty in the nursing, and that all you have to do is to follow the surgeon's orders and all will be well. Such an attitude is quite wrong. The surgeon is not always present, and, if the nurse is to be of real service to him and to the patient, she must have just that same kind of knowledge from experience as to the things that are likely to go wrong, after an operation let us say, as the nurse who is in attendance on any important surgical case. If she have not this special knowledge, I will make bold to say that the surgeon will trust nothing to her, and will be obliged to make up for her defective knowledge by attending personally to every detail. It is all very well for a nurse to say to the doctor, "Just tell me what I am to do and I shall do it." I say that if the best-intentioned nurse in the world is not alive to the possibilities of trouble which may occur in an eye case—and there may be trouble enough, and it may occur with the utmost suddenness—it is impossible for her to act sympathetically and with certainty. It is not merely a question of operative work, of course. A knowledge of eye diseases from practical experience is extremely important if you are called upon to attend any kind of eye case. The handling of an eye with the necessary gentleness and skill is an art in itself. One of the commonest little manoeuvres required is the turning of the upper

lid inside out. You cannot even do that until you are taught. On the other hand, until you know how, you cannot prevent the eyelids from turning inside out in many cases where the surgeon requires you to do so in order that he may examine an inflamed eye. Again, people with eye trouble are more often than not in a state of health bodily which demands very little from the nurse, and so it happens frequently enough that the doctor will be as well off with a capable untrained person as with a fully trained nurse who knows nothing of the eye. Yet a trained nurse with a good working knowledge of the specialty would be of the utmost advantage to him. I am going to give you practical examples of this presently, but before doing so I wish to press home the argument from a wider point of view, to urge upon you the importance of the eyes as the *end-organs of sight* to the individual and to the community.

The eye is a very small organ. It is a globe which measures, roughly speaking, an inch in diameter. But it is the end-organ of sight, the remainder of the visual apparatus forming a relatively large portion of the brain, and it is of enormous importance. I would ask you to remember that the retinae, the light-receiving portions of the eyes, are prolongations of the brain, and that loss of the functions of the eyes is tantamount to loss of function of a considerable portion of brain. I will grant you that we have two eyes, and that if one be lost there is still the other. But, even then, in the case of disease or injury, the second eye is frequently in danger from the disease or injury of the first; and so we act always with the thought in mind that sooner or later it also may be affected. While speaking to you of the eye in the singular number, I do not forget that there may at the time be two eyes.

Which do you consider the more important to an individual—the possession of sight or the possession of feet? Whether would you prefer to lose one foot or one eye? Some of you might answer one way and some the other, but I can tell you that the insurance companies will give as much compensation for loss of both eyes as for loss of both feet, and in some cases even as much as for actual death by accident. I do not wish you to think I am flogging a dead horse, as the saying is, but I do think that the enormous importance of eyesight to the community as well as to the individual is not fully appreciated by everybody. A person who becomes blind is thrown back on himself and on his friends, and, failing the latter, on the community, as a helpless member of it.

A person who becomes blind in adult life, especially if the blindness come on suddenly, is

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