

then. But may the failure ever be laid at the nurse's door? I do not intend to answer the question. Those of you who have had eye training know the answer, know the dangers before, during, and after operation which the nurse can do so much to ward off. Those who have not will be able to read between the lines as I go on.

Ophthalmic nursing is, or should be, as it seems to me, the most interesting of specialties. Of all the special subjects which a medical man can take up, ophthalmology is one of the largest, and certainly it is one of the most important. It reaches widely into the domain of general medicine, and is of great importance surgically. Not all the aspects of ophthalmology are within the province of the nurse. Examination of the interior of the eye is not within her ken, and up till lately she would know nothing of refraction work, that is, the testing of the acuteness of vision and the prescribing of glasses. But the rise of the school clinic gives her a certain degree of usefulness even in this direction. At any rate a nurse who has had an ophthalmic training will have a better chance, other things being equal, of employment under a progressive school board than one with no such training.

Ophthalmic practice is most varied. One has to deal with accidents, operations for the preservation or restoration of sight, and diseases of the exterior of the eye; all these are within the nurse's province.

From this attempt to put before you the importance of ophthalmic nursing, as a subject very much out of the run of ordinary nursing experience, I pass on now to consider in more detail some of the peculiarities of the work.

As I have already tried to indicate, the eye is of importance as the end-organ of sight out of all proportion to its actual size. It is a very delicate organ. Its functions may be destroyed and sight lost by a very trivial accident, because of its liability to *septic infection*. A slight prick with a septic pin, with a thorn, with a small chip of coal, may and often does result in loss of sight through sepsis.

*Urgency* in eye-work is not the urgency of life or death, as in a perforated appendix or duodenal ulcer, but the urgency of the question of sight or blindness, of the spoiling or saving the usefulness of a whole life.

*Neglect* is frequently fatal to sight. The neglect is usually on the part of the patient, it is true, but it may be conceivably on the part of nurse or doctor.

Eye operations are performed under somewhat unusual conditions with respect to the

questions of *asepsis and antiseptics*. It is important that one who is to have charge of such cases should understand this matter thoroughly. As you know from your general training, the risk of infection of an abdominal wound, for instance, by way of the skin, can be pretty nearly excluded by appropriate cleansing methods. That is not the case with operation wounds of the eye, at least to anything like the same extent. You cannot scrub the eye, nor yet the delicate conjunctival membrane that covers it and lines the eyelids. You cannot douche the eye with perchloride or bichloride of mercury in strengths which shall destroy germs. You cannot wash the eye with turpentine, or ether, or alcohol. In fact, you cannot be sure of rendering the field of operation sterile, though a good deal can be done even with such antiseptics as can be employed, in the direction of inhibiting the activity of the germs which may be present. *Inhibiting* means delaying their activity for some hours, until the wound has had a chance to be more or less sealed. But when all is done that can be done in the way of cleansing the conjunctival membrane, this membrane still remains in continuity with the tear passages and so with the nose. Now the greatest risk of infection of a wound of the eye is the risk due to the continuity of the conjunctiva with the tear passages. So much is that the case that where there is intractable catarrh of these passages the tear sac must first be removed by operation, or the passages between it and the conjunctiva sealed up in some way or another before an operation on the eyeball can be undertaken with any confidence. If to this impossibility of sterilization of the eye be added the fact that part of the contents of the eye, the vitreous humour it is called, forms an excellent breeding ground for germs of suppuration, and that suppuration inside the eye is almost certain to result in loss of sight, you will readily understand the difficulty of the problems with which the ophthalmic surgeon and the nurse are sometimes faced.

(To be concluded.)

#### NATIONAL UNION OF TRAINED NURSES.

The first annual meeting of the Gloucester Branch of the N.U.T.N. was held on February 14th. There are now 25 Full Members, 17 Associate Members, and 4 Associates. The year closed with a balance of £1 os. 9½d. After the business meeting Miss Eden gave her lantern lecture on the "History of Nursing," which was very greatly appreciated, as was also her first visit to the Branch.

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