

carbonate of bismuth, hydrocyanic acid, and solution of morphia is sometimes ordered.

Constipation is treated by enemata, or mild laxatives. Drastic purgatives must be avoided.

For profuse hæmorrhage, absolute rest in the recumbent position is essential. Ice can be applied to the epigastrium, and small doses of ergotin injected subcutaneously. Recurrent hæmorrhage, threatening life, is sometimes treated by surgical measures.

If perforation occur, operation should be performed as early as possible.

Miss F. Sheppard points out that the enlargement of the ends of the bones occurring in rickets is usually very marked at the wrist, and can be noted on the chest, where the swellings, which can be felt, are known as beaded ribs, or the rickety rosary.

HONOURABLE MENTION.

Many of the papers this week reach a high standard of excellence. The following competitors receive honourable mention:—Miss L. S. Nunnerley, Miss D. Vine, Miss L. Tomlinson, Miss A. J. D. Fairbank, Miss F. Sheppard, Miss E. M. Streeter, Miss C. McLennan, Miss C. M. Will, Miss C. G. Cheatley.

QUESTION FOR NEXT WEEK.

Mention the fluids secreted in the body for the digestion of food. How do these fluids act upon the food constituents?

THE SCOTTISH SOCIETY OF TRAINED NURSES.

"NIGHTINGALE" MEDAL.

The subject of the essay in the above competition is "Modern Nursing: its Development, Advantages, and Responsibilities." In length the essay is required to be between 1,600 and 2,000 words.

The Hon. Examiners in the competition are Dr. J. Wallace Anderson, Glasgow; Miss Gill, R.R.C., President of the Scottish Matrons' Association; and Miss Alexander, President of the Scottish Society of Trained Nurses.

The competition is open to Scottish nurses, and nurses trained in England or Ireland who are working in Scotland. Competitors must have worked as nurses for at least one year after the completion of their training in general hospitals' training schools.

Trained nurses will obtain full particulars and entry to competition form, on application enclosing stamped addressed envelope, to the Hon. Secretary, Bay View, Johnshaven, Kincardineshire.

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,

(Concluded from page 153.)

Since operations upon the eye itself, that is operations in which the eyeball is opened, may so readily result in septic infection and loss of sight, it is usual nowadays to make a culture of the germs which live in or on the conjunctiva. If among them are found those which cause the formation of pus, then the operation is *if possible* postponed until, by treatment, these germs are got rid of or much reduced in number, as shown by a second or third culture. In the absence of a culture the surgeon does his best to judge by the appearance of the conjunctiva, and by the presence or absence of secretion, especially in the morning after sleep, whether the eye is in a fit condition for operation or not. If, after all, septic infection is not so very common, in eye operations, that is due, on the one hand, to the care of the *surgeon and the nurse* that operation is as far as may be possible avoided, on any eye which is suspected of having the germs of suppuration lodged in the conjunctiva or in the tear passages; and, on the other hand, to this fact, that cleanly made wounds of the eyeball tend to close of themselves, and so to bar the way against the entry of the germs of suppuration. Suppuration, after what may be called clean operations, like the extraction of cataract, is much less likely than after operations of urgency, such as the removal of a piece of metal from the interior of the eye.

This part of my subject is so extremely important that you will excuse me, perhaps, if once again I emphasise the fact that a nurse who is perfectly well up in the technique of an abdominal operation may be helpless when it comes to ophthalmic technique. The problem of getting a reasonably sterile field of operation in a region which is so open to infection has led to great differences of opinion as to the best methods of preparation. The skin surfaces of the eyelids, of the eyebrows, and of the face are treated practically in the same manner as in any other operation. The problem lies with the conjunctiva and the tear passages. A nurse who would douche the eye with 1 in 1,000 perchloride, with the idea of sterilising it, would

* A Paper read at the Glasgow Nursing Conference, February, 1914.

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