

OUR PRIZE COMPETITION.

HOW WOULD YOU APPLY FIRST AID TO THE INJURED IN EYE ACCIDENTS IF FAR FROM A DOCTOR?

We have pleasure in awarding the prize this week to Miss Gertrude B. Knowles, Weymouth Street, Portland Place, London, W.

PRIZE PAPER.

First-aid treatment to an injured eye depends entirely on the nature of the injury.

1. Take first the comparatively simple accident of getting "*something in the eye.*"

Examine very carefully, first the cornea, then the lower lid. If no foreign body is to be seen, evert the upper lid. This is done by pulling forward the lid with the thumb and finger of one hand; place the first finger of the other hand on the lid, and turn it inside out. Remove carefully anything which may be adhering to the conjunctiva with the corner of a piece of linen or a needle, replace the lid, put a pad over the eye, and bandage lightly. It is advisable to stain the cornea, to see if the epithelium has been scratched off.

This is done by putting in a drop of fluorescin, close the lids, then open, and irrigate the eye gently; if there is an abrasion, the part will be stained green. In that case, atropine ointment, 4 grs. to 1 oz., may be applied.

A nurse must be very careful how she removes foreign bodies from the cornea; there may be left behind a piece of dead tissue, which may start an "ulcer," and lead to a very dangerous condition. If the foreign body is difficult to remove, leave it till the doctor comes; put atropine ointment into the eye.

2. *The foreign body may be inside the globe, with no visible wound.* Shade the eye, and bathe frequently with boracic lotion.

3. *Wound of Cornea—probably Prolapse of Iris.*—If this wound is caused by glass, look carefully, and remove any pieces which may be left.

Apply atropine drops, 4 grs. to 1 oz. (This paralyses the iris, and keeps the eye at rest.)

The lids may be swabbed with boracic lotion (warm), but the eye should not be irrigated.

Put a pad on the injured eye, and bandage both, if possible. Keep the patient in bed.

Aseptic precautions must be taken, as these injuries are easily infected.

4. *A blow on the Eye which causes the Anterior Chamber to fill with Hæmorrhage, but with no Wound.*—This eye may be bathed with hot water.

Have several pieces of wool in a bowl of boiling water, with boracic crystals.

Wring out each piece in turn, and, making a groove in the centre—to avoid pressure—place over the eye. Change pads frequently, and add more water as necessary. This keeps continual heat applied for 20 minutes every four hours, and will help to absorb the blood.

Bandage the eye, and keep patient in bed.

5. *Badly Ruptured Globe.*—Carefully bathe the eyelids, and firmly bandage the eye. If the lids are swollen and discoloured, apply cold compresses.

If there is a wound of lid, apply boracic ointment to the pad. This will prevent it sticking.

6. *Injury by Burn—i.e., Lime or Molten Metal.*—This is a most painful condition, but a nurse can do much to relieve the pain by a little care.

Put in a few drops of cocain 2 per cent.

Irrigate very gently with sodi bicarb. lotion; then, if possible, remove some of the *débris*; irrigate very gently again, and put in drops of ol ricini; this is very soothing, and can be frequently applied.

Do not bandage—there may be discharge. Protect the eye by a "flap"; this is a double fold of lint, cut rather larger than the eye, and fastened by a bandage round the head. It should be kept moist by the lotion.

Make a shade for both eyes of brown cardboard or stiff paper.

If the lids are sore, apply boracic ointment.

7. If the patient is a child, first gain its confidence, and persuade it to open the eye.

If there is a wound, and it appears clean, just bandage the eye and keep the child quiet.

If the wound was caused by a dirty instrument (a fork, untying a shoelace), irrigate with warm lotion; use no force, or harm may be done instead of good.

Bathe the eye with hot water, and apply atropine ointment, 2 grs. to 1 oz. Put on pad and bandage.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dora Vine (whose paper is admirable, but exceeds the limit of a prize competition in length; we hope to publish it on a future occasion), Miss F. Sheppard, Miss Elsie James, Miss B. Kenyon, Miss J. Robinson. It is evident from some of the papers that the writers have had little practical experience of eye work, and it seems that more might usefully be included in the general curriculum.

QUESTION FOR NEXT WEEK.

Name some diseases which may cause obstruction in the œsophagus, and how is it usual to feed such patients?

[previous page](#)

[next page](#)