

The Midwife.

INFANT EYE-WORK.

THE PREVENTION OF BLINDNESS.

Is there any sadder sight than a blind child? Scarcely; more especially if the blindness is due to carelessness, and could have been prevented by care and skilled attention. According to the rules of the Central Midwives Board it is the duty of a midwife to explain that the case is one in which the attendance of a registered medical practitioner is required in any inflammation of, or discharge from, the eyes, however slight, and over and over again the chairman of the board impresses upon midwives the importance of this rule. Any midwife indeed who understands the importance of prompt treatment in such cases will be eager to bring a baby with the slightest discharge from one or both eyes under the care of a medical practitioner forthwith. There is scarcely any greater joy for a midwife than to know that by her prompt action the child's sight has been saved, or greater ground for life-long self-reproach if, by any negligence on her part, the most precious gift of sight has been for ever lost.

Cleveland, Ohio, has an excellent system of infant eye work in connection with which two nurses are employed. Last year they visited 735 cases, and it is estimated that at least 50 babies owe their eyesight to the prompt, persistent care and instruction of the nurses. That is satisfying work indeed.

In *The Modern Hospital*, Miss Harriet L. Leete, R.N., Superintendent of Nurses at the Babies Dispensary and Hospital, and the Bureau of Child Hygiene, Chicago, gives an interesting account of the work. Here is the story of Jo, who was referred to the eye nurse when only a few days old; it is a simple illustration of the value of nursing care and supervision; he was under the direction of the private physician who had confined the mother; there was a severe infection of one eye; this condition was improving, the physician had discontinued his visits and the

nurse felt very hopeful, when, owing to the carelessness of the mother, the other eye became infected. The nurse realized that two things were essential if the baby's eyesight was to be saved; first, continuous skilled care for the eyes, and second, breast milk for nourishment, in order that the child might gain his necessary resistance. She felt amply repaid for all her efforts when the child left the hospital entirely cured.

Susie was not so fortunate, as her mother did not hear about the eye nurses until her baby was fifteen months old; then when she called one of them in, told her story, and allowed Susie to be taken to an ophthalmologist for examination, she learned that Susie was entirely blind as a result of the non-registered midwife's carelessness at the time of her birth.

Nursing for prevention of blindness, says Miss Leete, requires specially trained women, as so frequently clinical symptoms indicate what the necessary care must be, even though a certain diagnosis cannot be made from the examination of the smear—the nurse learns to recognize dangerous symptoms and to differentiate between these and simple conjunctivitis, or inflammation caused by the injection of silver nitrate. Even with all of her experience and trained observation she never takes the slightest chance by making a diagnosis; if the mother cannot afford to have a private

physician, the nurse insists upon having the child taken to a dispensary for medical examination. If patients over three years of age are found whose vision is sufficiently impaired to require future assistance they are always referred to the Society for the Blind; through their social service department the child or adult is given every opportunity that can be secured in order that his handicap in life may be a minimum one. When we see the picture of Little Jo, with his happy face, and realise that but for the prompt action of his nurse he would have been condemned to life long blindness, we realise both the supreme importance and the intense satisfaction of infant eye work.



LITTLE JO.

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