

eyes of the new-born baby would practically abolish ophthalmia neonatorum. It practically never occurs to-day in the large hospitals, and yet from the neglect of the family physician or the midwife a steady stream of blind children, in numbers practically undiminished trickles into our institutions for the blind. Ten per cent of the nation's blind might have been saved by this perfectly simple procedure."

Dr. Alger considers that it is only half true that ophthalmia neonatorum is essentially a gonorrhoeal infection. He thinks the gonococcus is only one of a number of germs which may cause ophthalmia, and that this venereal theory has been a great obstacle to universal prophylaxis. . . The gonococcus theory also leads to serious errors in treatment of the disease. Physicians and nurses are afraid of it. It is denied admission into the hospitals, while the persistent idea that the disease is a desperate one calling for radical treatment so affects our ideas that he believes that almost as many eyes are lost or damaged by over-treatment as by neglect.

"Personally," continues Dr. Alger, "I am very sceptical of our ability to accomplish much of real value by passing laws, but I believe that through the trained nurse and the various child welfare organisations we can make prophylaxis as much of a tradition as the babies' first bath. When that time comes we shall not have to worry about compulsory reporting or institutional treatment.

"The trained nurse is destined to become more

and more the guardian of childhood. In wealthy families the entire care of young children is often entrusted to her. In a more public capacity the

school teacher is already dividing her responsibility with the school nurse, while the social service nurse is rapidly becoming the family adviser and familiar friend of whole neighbourhoods.

"We want to lay new responsibilities on the nurse. We want her to know the danger to the eyes of infections like trachoma, and how they are spread by unsanitary social

appliances like the common towel. We want her to realise the tremendous handicap placed on a whole life by some of the supposed trivial eye infections that so often follow the diseases of childhood and result in permanent scars and defects of sight. She must know how to distinguish the trivial from the serious, many of them she must treat day after day under the occasional supervision of the physician. We want the nurse to be aware of the fact, too little appreciated even by physicians, that the child who cannot see well or whose efforts to see result only in eye-strain and headache cannot be efficient either in school or in after life. She must learn to recognise these defects and use her influence to have them relieved.

"There are several other phases on which I should like to touch if space permitted. Whether in the sick-room, as midwife, as teacher, as social worker, the trained nurse

has a tremendous opportunity for social service, for popular education in all that makes for health and efficiency. We want her to help us



THESE BABIES HAD SORE EYES, BUT THEIR SIGHT WAS SAVED THROUGH PROMPT AND VIGOROUS TREATMENT.



THIS BABY HAD SORE EYES WHEN IT WAS TAKEN IN HAND BY THE VISITING NURSE. ITS SIGHT WAS SAVED BY PROMPT MEDICAL AND NURSING CARE.

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