three kingdoms are teaching bodies and concerned with practical education.

If the organization of the Nursing Profession proceeded on these lines, the endowment of academic bodies would command the sincere gratitude of the nursing profession. But its discipline, and just economic conditions, can only be maintained by an independent Statutory Authority through which trained nurses themselves have adequate direct representation, and power of self-government.

OUR PRIZE COMPETITION.

HOW WOULD YOU PREPARE A PATIENT FOR THE REMOVAL OF AN EYE. DESCRIBE THE SUBSEQUENT NURSING CARE.

We have pleasure in awarding the prize this week to Miss Gertrude Hare, The Broadway, Ore.

PRIZE PAPER.

There are various reasons for which an eye may have to be excised: a painful blind eye; a ruptured eyeball or an injury that may affect the other one, and cause sympathetic ophthalmia; a foreign body in the eye, or a malignant growth.

Unless impossible because of a sudden call for the operation, the patient should be prepared by aperient and enema for a general anæsthetic. Though the tear ducts may interfere with absolute asepticism, the eye should be previously irrigated, and the lids and surrounding skin cleansed and aseptically dressed. The lotions usually in use for ophthalmic irrigation are sterilized distilled water, sterilized saline solution, or boracic.

The instruments required are a speculum, fixation forceps, small blunt-pointed scissors (curved or straight, according to the surgeon's preference), for dividing the conjunctiva and muscles; a hook for picking up the muscles, and a larger pair of curved scissors for cutting the optic nerve.

After the nerve is divided and the eyeball removed, the socket is thoroughly irrigated with lotion, either *hot* or iced, and then tightly bandaged over graduated pads of sterilized absorbent wool.

Adrenalin 1-1,000 should be at hand, lest there be bleeding.

After the patient is warm in bed hæmorrhage may occur, which can, as a rule, be stopped by firm packing. Should it continue, a surgeon should be called, who will, probably, remove the dressings, again thoroughly wash out the socket with lotion, either *hot* or iced, and perhaps apply adrenalin or other styptic. Should it still continue, he may then plug the socket with the plugging soaked in a styptic, and then apply a firm pad. This treatment invariably answers. Only once in twenty years have we seen it fail. Then an anæsthetic was again administered and a vessel tied.

In ordinary straightforward cases the nursing is quite simple. The socket is irrigated and dressed daily, and the patient allowed to get up from bed on the second or third day. No special feeding beyond that which is nutrient is required after the effects of the anæsthetic have passed off. After a week the patient is more than convalescent, and bandages are discarded, nothing more than sponging being subsequently required.

Six weeks or two months are allowed to elapse ere a glass eye can be worn without irritating the socket.

Excision in the case of children is much to be deplored, for without the eyeball the socket does not grow, and there is consequent deformity of the face.

There are, however, two operations which tend to prevent this disfigurement, the results of which are practically removal of the eye—evisceration and abscission.

In evisceration the cornea and all the contents of the eyeball are removed, the sclerotic alone being left. The instruments required, in addition to those needed for an excision, are a Beers knife or scalpel, for cutting away the cornea, and a scoop (Müles) for scooping out the contents of the ball, and very small-pressure forceps for holding the tiny sponges which are usually dipped into adrenalin before mopping out the cavity. This operation is sometimes performed when a globe is suppurating, as a safeguard against meningitis—a danger to be feared from a suppurating globe should the optic nerve be severed for an excision, though happily this catastrophe is of very rare occurrence.

For thoroughly washing out the cavity the surgeon may perhaps prefer an indiarubber tubing in a jug of lotion, with small taps on end, instead of the Undine irrigator in general use for "eye" washing. This cavity is likely to be plugged for the first twenty-four hours, after which the plugging may be removed, the cavity frequently washed out, and a dry dressing or fomentations put on. A Müles ball may be inserted to make a good stump for a glass eye to fit on to. This special ball was designed by the ophthalmic surgeon, Mr. Müles, and can be procured in various sizes.

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