

napkins destroyed. When you dress the *right eye*, let baby be placed on his *left side*, and *vice versa*. Before applying the lotion, liberate the matter from the eyes and wipe them clean with a piece of *dry*, soft rag, which should be *at once* destroyed after using. Having the eye-dropper charged and held in your *right hand*, gently open the eye with the thumb and forefinger of your *left hand*, and, beginning from the outer margin of the eyelid, drop the lotion into the eye, *inward* towards the nose, so as to sweep over the edges of the eyelids. This must be done as quickly as possible, as the process is a painful one, and our poor baby cries bitterly under the infliction. The lotion that runs on to the *face* can be wiped off at once, but no attempt whatever must be made to *wipe* the eyes—the lotion must be allowed to dry on. There is another method of applying the lotion that I prefer to either the pourpette or eye-dropper—that is, a fine camel-hair pencil, which you dip into a small portion of the lotion poured off from the rest into any small *glass* or *earthenware* vessel you may have at hand. Saturate the brush in the lotion, and let it drop into the eye, and pass the brush over and between the eyelids as far as you can reach, from their *outer margin* towards the nose, as you did with the eye-dropper, the position of the baby being, of course, just the same. Rinse the brush out of a solution of common salt when done with, and wipe it dry ready for next use.

Having dressed the eyes, you must attend to baby; as far as possible, it is better to do so just before feeding time, so that he can find solace for his woes in breast or bottle, and after that slumber. What do we observe next? That during sleep one or both eyes are gummed up with the discharge from them. Now how are we to clean this off? *Not* with water, nor any kind of eye-wash; we must use an emollient, and the very best for the purpose is *white* vaseline, which you lightly apply to the edge of the eyelids; let it remain there for a few minutes and then wipe it off with a piece of soft, *dry rag*, which should be destroyed at once. Unclose the eyes to free any matter there, and again wipe them, and if the time is up, use the lotion. I have pointed out to you how *heat* and *light* aggravate ophthalmia, and you must exercise a very tender care in these matters and see that baby's eyes are not exposed to direct sunlight, nor the radiant heat of a fire, as both are hurtful. If it is spring or summer time, the light of the room must be darkened by a *green* Holland or

Venetian blind. The temperature of the room should be *cool*, 68deg., the air kept *pure* by ventilation. In cold, or even temperate weather, you will see the advantage of the cot warmer I told you about in a recent paper, as you can keep the infant warm without overheating the room, or burdening him with clothes, and in ophthalmia, as in other inflammations, the extremities are apt to be cold, and this may be avoided by the little care I have suggested.

Under ordinary circumstances, infantile ophthalmia quickly yields to careful and continuous treatment; the discharge of matter lessens and begins to dry up; the swelling and inflammation of the eyelids goes down, and the eyes get stronger. There may be a little watering from them after the caustic is discontinued, and here, again, we find the simple eye lotion we began with useful. Any gumming that may be observed must be healed by the white vaseline, and the discharge wiped off *before* the eyes are washed.

There is another and more virulent form of infantile ophthalmia, very intractable, and that but too often runs a devastating course, and complete or partial blindness results from irremediable damage to one or both eyes—that Surgeons call gonorrhœal ophthalmia. It is intensely contagious, and great care is needed in using the dressings, lest they become a source of infection to the Nurse or others. The mode of treatment is much the same as the one I have described to you, only more *severe*; the caustic is doubled in strength, and after every application of it, the eyes must be washed with a solution of salt, in cold water, better thrown from a glass syringe than any other way. The antiseptic *manual* precautions must be rigidly observed. Instead of using rag to wipe the matter from the eyes, a piece of white medicated wool, held in your dressing scissors to *mop* the discharge up, is the safer plan, the soiled wool to be at once destroyed. In the gumming of the eyelids the white vaseline must be smeared on them with a small *bone* spoon, and wiped off with cotton wool, to be burnt after using. It is in these unfortunate kind of cases that Obstetric Nurses are apt to be blamed by the unthinking because baby's eyes do *not* get well soon enough; and sometimes *quack* remedies are urged on her unknown to the Doctor. Be *firm* and *patient* here, for your little patient's sake, and your own; and here I will just pause to give a little word of warning to my young sister-workers—that is on these occasions to preserve absolute *silence*; as a

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