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### LECTURE.

### DETACHMENT OF THE RETINA. By E. F. King, Esq., F.R.C.S.

We were introduced to what seemed a whole world in miniature when Mr. King gave us a lecture recently on "Detachment of the Retina," and diagrams were put on the screen showing the different structures of the eye as seen through the ophthalmoscope. Goethe has said, somewhere, that "the eye is created by the light for the light," and if there is truth in this view, then we could not but feel, when attending that lecture, that there is, indeed, "wisdom in the light." Be that as it may, the eye became to us a most beautiful thing as seen through the ophthalmoscope, and we agreed with the lecturer when he said that every nurse ought to be able to use this instrument. We were impressed, as anyone would be, by the beauty of the pictures shown, which indicated so clearly the deli-cacy and perfection of the structures of the eye. Mr. King gave a clear description of those connected with his subject. He likened the eye to a camera, and described the reception and refraction of light rays and the processes taking place in the eye. The retina was described as about the size of a postage stamp and translucent, a nerve structure and outgrowth from the brain, from which light impressions are carried to the brain. Diagrams were put on the screen showing the construction of the retina and the optic nerve as observed through the ophthalmoscope. Lying just behind the retina is the choroid; this carries the blood-vessels which supply the retina and give the generalised red glow which is seen when examining the eye with the ophthalmoscope. The lens and the iris were also described and pictures of them shown. Treatment of a Treatment of a detached retina is a branch of surgery in which enormous advances have been made in the past 10 or 15 years. When detachment arises, the retina becomes separated from the choroid, and retinal fluid collects beneath it; as a result the blood supply of the former is interfered with, and degenerative changes arise in the latter. The condition has been recognised ever since the invention of the ophthalmoscope in 1850, but it remained for Gonin, a Swiss surgeon, to discover the actual cause about 15 years ago. Thereby the way to successful treatment was opened up. held that in these cases a small hole or tear was discoverable in the retina and that from this cause detachment arose.

The retina is invisible when the normal eye is examined under the ophthalmoscope, but, when detached, it at once becomes visible. It takes on a greyish colour and no longer picks up the bright reflex from the choroid, while the blood-vessels in it become much blacker than normal and present a "wavy" appearance. Often very prolonged examination is required to discover a hole; it may be very small and tucked away in the folds of the detached retina. It is essential that it be discovered, however, for any treatment resorted to, without its having been located, will be ineffective. There are a variety

of causes that may give rise to the hole, such as injury or degenerative changes. The patient complains of a cloud in front of the eye, of seeing a spot or flashes of light.

The principle adopted now in treatment of the condition is to induce inflammation of that part of the choroid which would be in immediate contact with the hole or tear. By this means it is sought to close up the hole or make its edges adherent to the choroid. There are many ways of producing the desired condition in the choroid. It can be brought about by a chemical burn or by a cautery needle at white heat, but this is dangerous and difficult. Very frequently a diathermy current is made use of. It is a delicate and difficult matter to estimate by measurement where the current should be used. Retractors are used to expose the point on the globe where the diathermy is to be applied and one small perforation is made to get rid of sub-retinal fluid. Illustrations were put on the screen showing cases of retinal detachment (with the retina floating forwards into folds) and the hole giving rise to the condition in each case. Other pictures illustrated cases showing the condition of the eye after treatment, where the hole had been sealed up and recovery had been achieved as a result. Mr. King emphasised the fact that success in such cases was dependent upon the utmost care down to the smallest detail. In answer to a question as to the position in which the patient should be nursed, Mr. King said that would depend upon the position of the hole and consequently also of the area treated.

It is difficult to give a full idea of how very interesting such a lecture was, owing to the fact that it is impossible to give an impression of the perfection with which the different parts of the eye and the conditions arising through the detachment were depicted on the screen. It was followed with the closest attention, and the spontaneous and prolonged cheers at its close gave evidence of how greatly it had been appreciated. Mr. King was warmly thanked.

#### THE WRIGHT-KINGSFORD HOME FOR CHILDREN.

The Report of the Wright-Kingsford Home for Children is always good reading, for it testifies to the healthy development of a scheme of two courageous and generous colleagues, Miss Blanch Wright, O.B.E., and Miss Grace Kingsford; they inaugurated its beginnings in quite a small way almost half a century ago. How far, then, did they visualise its ultimate development? Did they have visions and dream dreams of a lovely bambino castle such as we can see to-day with its bright rooms and beautiful grounds peopled from sunrise to sunset with merry children, so that the pictures in the report look as though the producers had taken some lucky "snap" in Elfland. "You will not see a more beautiful sight no matter where you go," said the Duchess of Hamilton and Brandon when she witnessed the children's "March Past" at their summer fête. Beautiful healthy surroundings, good food, and a sound education—what better could children seek for a start in life? Many healthy

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