

## OPHTHALMIA NEONATORUM

1. Symptoms usually appear soon after birth.
2. Eye is inflamed and swollen.
3. There is a copious purulent discharge, which wells up between the closed lids.
4. There may be constitutional symptoms, such as rise of temperature and increased pulse rate. Fretfulness.

## TREATMENT.

1. Isolation.
2. Nurse must wear gown, and sterile rubber gloves.
3. All swabs, etc., must be burned.
4. If only one eye is infected, first treat the good eye and cover.
5. Place child on knees, holding it with its face towards you, head hanging down a little; and have a dish on the floor to catch lotion.
6. Carefully clean away all discharge with cotton wool swabs and warm boracic lotion.
7. Gently pour lotion into eye in a continuous stream.
8. Dry well, and instil 1 drop solution silver nitrate, 1 per cent.
9. Keep eye lightly covered.
10. Treat every hour (using silver nitrate only twice daily) until eye improves. Then 2 hourly, 4 hourly, etc.
11. Keep child warm and well nourished.

Question 1.—How would you prepare:—

- (a) A saline injection?
- (b) Nutrient enemata?

(a) Preparation of a saline injection. To prepare the saline:—

1 drachm of common salt to one pint of water. Boil for 10 minutes, and strain.

ARTICLES REQUIRED.—Small enamel jug containing the saline. Funnel with rubber tubing attached. The tubing connected with rubber catheter No. 12 by a glass connexion. These articles to be boiled, placed in a basin, carried with the jug of saline on a dressing tray to the bedside. A little vaseline or olive oil will be required to lubricate the end of the catheter. The saline should be at a temperature of 105 degrees F. Test with bath thermometer.

(b) Preparation of a nutrient enema:—

Must be in a liquid form and never exceed 6 ozs.

The following ingredients should be mixed together:—4 ozs. of peptonised milk; 1 oz. of beef tea; 1 egg;  $\frac{1}{2}$  oz. of brandy may be added if ordered.

The mixture should be strained, and heated to a temperature of 100 degrees F.

The same articles are required for the giving of a nutrient enema as for a rectal injection of saline, and should be prepared in the same way. If patient not able to retain the enema well, tincture of opium (10 minims) may be added to the prepared mixture.

Question 2.—Describe the signs and symptoms of phlegmasia alba dolens, and give the treatment.

Signs and Symptoms of phlegmasia alba-dolens:—

LOCAL.—Painful swelling of one or more veins of the leg; usually commences from above downwards. There is increasing swelling, leg becomes white and shining. At first may pit on pressure, later becomes too tense for pitting to take place. Leg is exceedingly tender to the touch.

GENERAL SYMPTOMS.—Usually some form of sepsis present, with febrile symptoms. Rise of temperature and pulse rate. Headache, furred tongue, sleeplessness.

NURSING TREATMENT.—Absolute rest necessary. Patient to be kept in bed, lying on her back, one pillow only allowed. She should be kept perfectly still, the only movement being for evacuation of bowels. Plenty of fresh air should be admitted to the room. Temperature and pulse should be taken, and recorded 4 hourly. Attention paid to passing of urine. Bowels should be kept free by the use of saline purgatives. The patient should be given a sponge bath daily. Attention paid to the care of her hair, teeth and tongue. In such a case bed sores are liable to form unless especial care is taken, and at the first appearance of a bed sore, the doctor must be informed. . . . The bed linen must be kept clean, and free from wrinkles and crumbs. An air cushion may be used for patients' comfort.

LOCAL TREATMENT.—The limb must be gently handled, avoiding friction of any kind on account of detaching a clot. Treatment ordered by doctor must be faithfully carried out. Hot fomentations may be ordered, or applications of lead and opium. The limb must be kept warm; may be wrapped in cotton wool. When the acute stage is over the limb should be bandaged from below upwards to hasten absorption. Sedatives may be needed for pain and sleeplessness. When patient is being moved, someone must support the affected limb.