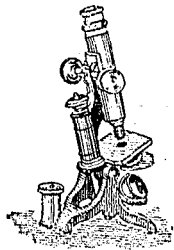


Medical Matters.**THE WORRY OF HURRY.**

The *Medical Brief* says:—Did you ever see a very large man with short limbs, who, when he walks, moves both arms and legs, puffs like a steam engine, and seems to be working very hard, yet covers an astonishingly small amount of ground? He is a type of the person who is always in a hurry. Works very hard, is soon exhausted, yet the result is small.

It does not pay to hurry in any sense. There is only one time when it is proper, and that is when you are crossing a crowded street, and vehicles are bearing down upon you from both sides. Hurry confuses the brain and debilitates the heart. It exhausts the forces without accomplishing results. The calm, deliberate manner with judgment, system, and method will get more done with less wear-and-tear of the individual.

The way to avoid hurry, and to live instead of merely scrambling through life, is to arrange ahead, to have routine channels for disposing of the daily business, and see that the appointed duties for each day are done that day. Let there be no accumulations, except in case of emergency.

Some people imagine that they cannot do anything unless they excite themselves, and create a pressure by calling up the thought of all there is to do, and getting in a hurry. Such people need mental discipline and practical training. If they could see the way this rush feeling absorbs reserve strength, they would be shocked into reform.

Hurry taxes the heart a good deal like alcohol. It is, in fact, a species of intoxication. If worry is added to it, as it often is, the bad effect is increased tenfold. Warn your patients against the pernicious effects of hurry. Advise them to school themselves to calmness, and to substitute improved methods of doing things for the pressure and tension put upon the nerve centres, the heart debility, caused by hurry.

THE OXYGEN REGENERATOR.

The invention of a new apparatus for purifying vitiated air is reported from Paris. The apparatus is an application of the properties possessed by the compound sodium bi-oxide, and is expected to be of great value in accidents due to fire, gas explosions, etc.

Nursing of Diseases of the Eye.

By HAROLD GRIMSDALE, F.R.C.S.,
Assistant Ophthalmic Surgeon, St. George's Hospital.

ANÆSTHETICS.

(Continued from page 184.)

The introduction of cocain by Koller at the Heidelberg Congress in 1884 effected an immediate revolution in ophthalmic practice. Its success as a local anæsthetic in laryngology had been known for some time before any attempt was made to apply it to the eye, but as soon as Koller's paper had been published, its use became almost universal in ophthalmic surgery; and for all operations on the cornea, conjunctiva, or muscles it is employed, unless for special reasons. In aqueous solution a salt, usually the hydrochlorate must be used.

The strength of the solution to be applied is varied by different surgeons; probably 4 per cent. or 5 per cent. is in most common use. The stronger solutions, if applied for some time, are able satisfactorily to anæsthetise not only the conjunctiva and cornea, but also the iris.

The solution should always be freshly made, or if this be impossible, boiled before use. There is always a certain amount of decomposition by which the solution loses strength, when it is kept for a long time, or boiled, and further the fluid is liable to become contaminated by yeasts and other micro-organisms, which find it a not unfavourable medium for their growth.

The cocainisation of the eye should commence at least 20 or 25 minutes before the operation, if deep anæsthesia is desired; a drop of the 5 per cent. solution should be placed in the lower cul de sac every three minutes. In the intervals the eye must be kept closed, and covered with a pad, to prevent desiccation of the corneal epithelium. Sometimes, when this has been allowed, or when the cocain has been continued for an exceptionally long time, the whole mass of epithelium may peel off the cornea, when the eye is irrigated; I have never seen any ill result from this, but it would necessitate the temporary abandonment of the operation. Cocain is not only an anæsthetic but has the power of stimulating the sympathetic nerves producing vaso-constriction and slight dilatation of the pupil. For this reason operations under cocain are accompanied by less hæmorrhage than would occur if cocain were not used. But the dilatation of the pupil is a danger in cases of primary glaucoma.

In a few instances the use of cocain as a preparation for operation has given rise to general poisoning. Usually the general symptoms are not alarming, but they may be serious, if there be a marked idiosyncrasy against the drug.

[previous page](#)

[next page](#)