

eases or all reflex symptoms are caused by eye-strain; this would evidently be foolish and proposterous, but I do wish to state that of the many factors causing reflex symptoms the eye is not only the most overlooked, but also the most fruitful factor.

In conclusion: What are we, as general practitioners, to do about relieving functional troubles?

Firstly: Let us always keep in mind the etiologic factor of the eye. Except when we have positive reasons to suspect other causes producing the symptoms, let us have our patients refracted by a careful and competent man. *Never* take it for granted that the fact that your patient wears glasses means that the glasses are correct. As a matter of fact, not more than 25% of all glasses worn are in hailing distance of correctness.

In case you can not send your patient to an oculist, or in case the glasses do not relieve the symptoms, and still you have reasons to suspect the eye, use the atropin test by instilling a 1% atropin solution once a day for ten days in both of your patient's eyes. This will in almost all cases paralyze the accommodation, stop the eye-strain, and, in the latter case, give immediate relief.

As we are all ready and willing to test the patient for syphilis by giving him K. I., we ought, with as much justification, be willing to test our patients with atropin for eye-strain.

Educate your patients, that it often takes a good deal of time, a good many examinations, and repeated trials to eliminate, in difficult cases, all errors of refraction.

Also remind your patients of the fact that the eye is an ever-changing, living organism, and not a stationary glass ball, and that consequently the examination of the eyes has to be repeated whenever the refraction of the eye has changed.

Finally: Inform your patients that as a rule one who needs glasses for reading also needs them for distant use and vice versa.

Only by thus upholding the hands of the refractionist and by cooperating with him the immense benefits he could and would bestow on humanity would be given in the fullest measure.

510 Fine Arts Building.

---

### THE CANADIAN RED CROSS SOCIETY AND ITS WORK.

By COLONEL G. STERLING RYERSON, M.D., President of the Society

**I**NASMUCH as the Canadian Red Cross Society is closely allied with the medical service and does its work in connection with it, some account of its organization and work may be of interest to the profession at the present time.