

Dr. B. B. Mosher observed that if a surgeon goes to the dissecting-room, or to a septic case, and from there to an operation, and feels sceptical about his hands, why should he not wear the gloves in the dissecting-room and in the septic case and keep the hands clean, and then go without gloves in the operating room?

Dr. W. B. Brinsmade said that Dr. Mosher's idea and his about the cleanliness of the hands are a little different. It has always seemed to him that the major part of infection in clean wounds came from the fingers of the operator and his assistants, and it is in the desire to get the fingers absolutely clean that we want to adopt something of this sort; and perhaps now the best thing in the eyes of the surgical world is the glove. The same precautions in washing the hands are taken here, and in the use of the cotton gloves they have to be changed during the operation, which is an objection to the cotton glove. The object of gloves is not to save the hands, but to insure greater cleanliness.

#### COCAIN IN OPHTHALMIC PRACTICE

Dr Theobald, in the *Johns Hopkins Hospital Bulletin*, writes a word of warning about the too free use of cocain in the treatment of diseases of the eye. It has come to be quite common for the general practitioner to use cocain in eye inflammations, the inducement being that it diminishes the pain temporarily and so causes a measure of relief. The conditions in which it is used are various. He says:

"I have met with many instances in which it was prescribed in simple catarrhal conjunctivitis. There seems to be no indication for its employment under such circumstances, and it is capable of doing much more harm than good. Because of its pronounced disturbing effect upon the nutrition of the cornea, cocain is not a remedy to be used carelessly in eye diseases. It acts, as you know, through the sympathetic nerves, or chiefly in that way, and, besides anæsthetizing the eye, it dries the cornea to a remarkable degree. The cornea not only becomes dry, but the epithelium becomes loosened, so that it is

easily rubbed off, sometimes by the friction of the lids, or from the slightest touch of the instruments used. Any agent that has so marked an effect as this upon the nourishment of the cornea certainly seems not to be a safe one to use, unless there is a clear indication for its employment. The field of usefulness for cocain, apart from its anæsthetic action, is extremely limited. I scarcely think, indeed, there is any occasion to prescribe it as a remedy in eye diseases, though it may be used sometimes to increase the action of other drugs; for instance, atropia, or homatropia, will dilate the pupil more quickly and powerfully if combined with cocain. Even here I prefer to keep the solutions separate, and to instill the cocain first, and then the atropia. It is also useful as preliminary to the application of astringents or caustics, like the sulphate of copper or nitrate of silver, as it greatly lessens the discomfort, but this is only another phase of its anæsthetic action."—*Journal of the Am. Med. Association.*

#### DIPHThERIA OF THE EYE.

McCollum, writing on "Antitoxin in the Treatment of Diphteria" (*Boston Med. and Surg. Jour.*, for August 18th,) mentions fifteen cases in which the sight would undoubtedly have been lost except for the heroic administration of antitoxin. In only one of these cases was there destruction of the organ, and this was in abnormal condition at the commencement of the attack. "When a diphtheritic membrane appears in the eye the effect of antitoxin on the membrane can be more carefully studied than when it appears in the pharynx. In some of these cases 2,000 units were given as the initial dose, and this was repeated in six or eight hours, if there was not a marked improvement." Except in very young infants, he believes the initial dose should be 2,000 units, and in severe cases 4,000 units may be given; the more concentrated the better, as the possible source of danger lies in the amount of fluid and not in the inherent property of the antitoxin.—*Ophthalmic Record.*