lessness in treatment. As many distinct pathological entities hide under its cloak as do sins under that of charity. True it is we began to use it to make things as intelligible as possible to more or less anxious and perhaps stupid patients, but some have allowed it to displace a scientific classification which gives some clue to rational therapy.

The measures commonly used by the profession to combat conjunctival inflammation are few, but some are effectual when intelligently used, others are as harmful as they are silly.

We know now that practically every conjunctivitis is bacterial in origin. We cannot yet recognise every causal microbe by sight but are familiar with many of them *e.g.* the bacillus of influenza; the Koch-weeks bacillus of contagious pink-eye; the Morax-Axenfelt bacillus causing the annoying, recurring angular conjunctivitis; the diphtheria bacillus and the gonococcus of Neisser with their havoc-making lesions. To get clear ideas of the peculiar clinical appearances of each form of inflammation, to check our diagnosis by examining smears from the conjunctival sacs, to know the best means for neutralising the toxin irritation and destroying, if possible, the causal agent, to anticipate the possible complications and sequelae, is to lay the only true foundation for scientific sensible, effectual treatment.

Such a course would be to give a resumè of text-book work on conjuntival disease and such is not my purpose. I shall rather recall to your mind the ordinary therapeutic measures used in such cases and very briefly discuss each.

First, shall we bandage inflamed eyes? or shall we replace the bandage, for when these cases are first seen by us they are invariably tied up. If we accept the dictum of bacteriology as to the origin of these lesions, to tie up the eye is to fly in the face of the laws of modern surgery and to convert what for the sake of argument may be considered as a discharging sinus into a closed up abscess. Our whole object is to cleanse the conjunctival sac of all invading organisms and to keep it clean: to put pad and bandage over the closed lids is one effectual way to make a hotbed for their propagation. Therefore we should never put pad or bandage over a conjuntival inflammation. Shades or goggles which do not interfere with drainage are correct, and smoked glasses to ward off bright light, when photophobia is marked, are permissible and generally necessary. Occasionally it will be good policy to bandage or close from infection in some way the sound eye; it is especially so in gonorrhœal cases, when the physician must remember he himself has two eyes worth protecting. For the patient there is Buller's shield or a pad of gauze and collodion: for the doctor a pair of large clear coquilles or an extra measure of care.