

seen the least objectionable symptom from its use. So firmly am I convinced of its antiseptic and non-irritating effects that in both clinical and private practice I have given up the use of iodoform entirely.

A few cases taken from our record books illustrate the utility and value of the drugs.

NOSOPHEN.

J. M., age 5 years. July 2, 1897, right eye injured by sharp stick two days ago : since then he has not been able to open the eye and complains of much pain, and is very restless. Upon examination a deep corneal wound, two lines in length, is seen at the lower margin. Iris engaged in the wound. Treatment : Iris excised : atropin 1 per cent. Nosophen dusted in the eye, bandage applied. July 6th eye quiet, atropin and nosophen treatment continued. July 9th, eye quiet, wound completely healed.

R. I., age 69 years. July 14, 1897, left eye injured three years ago. Vision not equal to light perception. Complaints of pain in the right eye. Left eye enucleated and nosophen dusted into the socket and eye bandaged. July 30th, wound quiet and healing nicely.

J. S., aged 14 years. Aug. 2nd, 1897, fell from a staging on to a piece of timber, causing a ragged and bruised and dirty wound over the right eye. Treatment : Wound washed with bi-chloride solution and stitched, nosophen dusted on the wound. Aug. 7th, stitches removed and wound healed nicely without removal of the first dressing.

ANTINOSINE.

The sodium salt of nosophen. It is a dark blue amorphous powder which is readily soluble in water. It is odorless, non-toxic and non-irritant. In conjunctivitis phlyctenulæ, blepharitis, and ulcer of the cornea I have taken fifty consecutive cases which were treated with antinosine and in which I had a rapid and beneficial result in all but a few cases. On account of its non-irritating effects it can be used as strong as a three per cent.

solution, enabling the patient to continue treatment at home. Especially in young children is its use gratifying.

A few cases are taken from the number treated.

Thos. C., age 26 years. Right eye has been much inflamed and very sensitive to light for the past two weeks. He has been treated with hot applications and atropin by his family physician but with little improvement. Diagnosis : Interstitial keratitis. Antinosine, two per cent., was prescribed to be put in the eye every two hours and hot applications continued. Patient was sent back to his physician, who reported in two weeks that the patient's eyes were completely well.

Mrs. E. L., age 74 years. April 26th, eyes have been much inflamed and very sensitive to light for past three months. Diagnosis : Acute conjunctivitis of both eyes and trichiasis of the lower lids. Treatment : Ciliae removed and antinosine, two per cent., prescribed. May 17th, 1897, reports that she can read or sew for half an hour in the evening. Eyes much improved and conjunctiva normal.

F. F., age 1 month. May 12th, 1897, three days after birth the eyes began to discharge freely and the lids stuck together. Diagnosis : Ophthalmia neonatorum. Treatment : Antinosine, gr. vii. aqua ss, was given to drop in the eye every two hours. May 15th, eyes much better. May 28th, no discharge, cornea clear.

Edna H., age 5 years. June 2nd, 1897, eyes have been very red and inflamed for the past two weeks. Intense photophobia. Diagnosis : Phlyctenular conjunctivitis : antinosine, 2 per cent. three times a day, was prescribed and diet regulated. June 14th, 1897, reports to clinic eyes much improved. June 21st, eyes quite well.

A. G., age 11 years. July 26th, left eye has been very sore and inflamed for the past week. A great deal of photophobia and lachrymation. Diagnosis : Phlyctenular conjunctivitis. Phlyctenule at the lower margin of the cornea. Treatment : Antinosine, two per cent., three times a