

In the city of New York, relapses occur in a large percentage of these cases, to prevent which the operation of canthoplasty is frequently performed. In some Infirmary patients, this operation has been done with benefit; but I have never had occasion to perform the operation in a single case in private practice, and am of opinion that it will be less frequently needed, as the merits of the treatment with the oxide of mercury are better appreciated.



Dr. Pagenstecher, of Wiesbaden, recommends the yellow amorphous oxide of mercury, in these cases, in preference to the red precipitate, on the ground that it is less irritating, and adapted to a larger class of cases. It is true that, in the preparation of the yellow oxide, it is precipitated in a state of the finest possible division; whereas, the red oxide consists of crystals, which are found triturated to different degrees of fineness in different shops. An ointment or plasma made with the former should therefore be a more reliable preparation than that of the latter (as it is usually prepared), and we might expect the ointment of the yellow oxide to be more uniform in its effects; but when the red oxide is properly triturated, and not used stronger than from eight to sixteen grains to the ounce, it does not usually cause much irritation,—the reaction usually passing away in ten or fifteen minutes.

Pagenstecher uses an ointment as strong as from thirty to sixty grains to the ounce, but I have never used it stronger than eight to sixteen grains to the ounce. One of my colleagues at the Eye Infirmary has used the stronger preparations of the yellow oxide, but soon abandoned it, as he found its action altogether too energetic. In the trials made with the weaker preparations, the results were not satisfactory, and the yellow oxide was found to have the disadvantage of being more inclined to collect in masses behind the upper eyelid.