filling up, and a subsequent artificial pupil at the inner side of cornea will probably secure useful vision.\*

In the first two cases the result was all that could be desired and certainly afford encouragement for a further trial of the same plan. The prompt effect of the solution of perchloride 1–1000 when 1–2000 did not seem to be working well, is a significant fact, and leads me to hope that the stronger solutions used cautiously may shorten the course of the disease. If there were any way to protect the cornea from the action of strong solutions and at the same time make a thorough application to all the diseased surface, I have little doubt the salutary effects of perchloride solution would be much more apparent.

It is obvious that repeated and thorough cleansing of the eye must always take first rank in any plan of treatment, and this is where failure most often comes in, the medical attendant satisfying himself with general directions, without taking the trouble to see that they are strictly carried out.

What percentage of persons suffering from gonorrheal ophthalmia have the undivided attentions of two or even of one nurse? and yet the best authorities lay down this thorough attention as the chief essential to successful treatment. Though a firm believer in the utility of cold applications, I cannot leave the subject without calling attention to the urgent necessity of watching the condition of the cornea during their use. at any time any considerable cloudiness of the cornea, or a considerable area of dense opacity with or without loss of substance, or even if considerable ulceration occurs without opacity, as is often seen in the form of a crescentic furrow close to the corneal margin, then the cold applications must immediately cease and be replaced by frequent fomentations with very warm water. this way a cornea otherwise doomed to destruction can often be saved, in part at least, and, perchance, though but a wreck of its former self. vision may be retained and the patient spared the misfortune of a shrunken and sightless eyeball.

Dr. Squibb states that he can now sell cocaine at one and a-half cents a grain.

"LISTERINE" IN SPECIAL PRACTICE.

BY G. STERLING RYERSON, M.D., C.M., L.R.C.P. & S.E.

Lecturer on the Eye, Ear, Throat and Nose, in Trinity Medical College, Toronto.

The principle of antisepsis in suppurative disease of the middle ear is by no means a new one, but it will be found, on examination, that some objection can be raised to every antiseptic agent, either on the score of poisonous qualities, mechanical defects, idiosyncrasy of the patient, or of inefficiency; therefore any new substance possessing undoubted germicide powers, is welcome. For it is a matter of trite, every day experience that what is one man's food is another's poison, in other words, a remedy which may fail in one case, for perhaps unknown reasons, may be successfully used in others.

"Listerine" is the name given to a pharmacal compound, the antiseptic constituents of which are Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Aurensis in combination. Each fluid drachm also contains two grains of purified benzoboracic acid. It is, according to Dr. Deems, President of the Augusta, Ga., Academy of Medicine, "a powerful and trustworthy antiseptic "agent. It prevents the various fermentations. "Meat keeps indefinitely in it. It is a swift and "sure destroyer of infusorial life. It destroys the "activity, growth and motion of low forms of "vegetable life. Owing to this property, com-"bined with its non-toxic effect on the human "system, in quantities medicinal and not exces-"sive, it has the immense advantage over carbolic "acid that it may be administered internally as "well as used with freedom either by injection, "lotion, or spray." Dr. Deems appends a detailed report of his experiments on various substances and fluids.

In view of these statements, I determined to try it in chronic suppurative disease of the middle ear, and the results justify me in saying that I regard it as an agent of great value in the treatment of these cases. I have also used it as a spray in cases of muco-purulent nasal discharges and think it is of value here also. The strength used was 3j to 3j of water. I have used it with equal parts of water in ozena and have found that it relieves the odor promptly, after proper cleansing of the

<sup>\*</sup> The prognosis given here has been justified by the result. The eye is somewhat blanched, but still quite useful as a visual organ.