

of the treatment is scarcely to be expected. It is not to be forgotten, however, that only a provisional prognosis can be given from the condition at the moment, and the state of the general health is always to be taken into account. Although the central portion of the cornea may have escaped hitherto, no one can safely predict that it will not be affected later. Moreover, we do well to warn the parents before dismissing the case from treatment that, for several years, with any depreciation of the general health, the disease may reappear.

The treatment may be divided into general and local. What has been said of the ætiology indicates both the importance and direction of the general treatment. It should never be neglected even in the lightest cases. The diet should be easily digestible and nourishing and attention to it in detail is always advisable; healthy action of the skin is to be promoted by frequent bathing; iron, malt, and cod-liver oil to be prescribed according to the case. The advantage of fresh air and light can hardly be overestimated. Even in the coldest weather it is usually better that the patient, properly clothed, should be taken out for a time daily, and this is the more needed the poorer are the hygienic surroundings at home.

Blepharospasm, so-called photophobia, is to be feared, not for itself, but for the prejudicial consequences it entails. The violet action of the orbicularis irritates still farther the already inflamed cornea, incites to friction and consequent excoriation of the skin of the lids with the result to increase the general nervous excitability, and prevents the free bodily movement so necessary, in children especially, for the preservation of health. In considering the means for its relief, we should constantly remember that the stimulus that excites it starts from the irritated terminations of the trigeminus, not from any hyperæsthesia of the retina. The indication then is to relieve the abnormal sensibility of these terminations. It is the irritation of the corneal nerves that chiefly excites the blepharospasm, and so far as they are concerned the local narcotic effect of atropine makes this our most reliable agent. The alleviating effect of even the first application is sometimes very great. A two-grain solution may be employed every other day, or two or three times daily, and if the case is seen early the spasm may thus be kept within bounds. But should the photophobic habit, if I may be allowed the expression, be once firmly established, relief is more difficult. When the lids are persistently kept closed it is commonly useless, or worse than useless, to intrust the application of this or any collyrium to the parents or attendants. In the efforts to force open the lids of a struggling child with the fingers, more harm is likely to be done than the atropine will counteract, and the increased flow of tears excited by the struggle will rapidly remove the small amount that has

been instilled. The elevator is hardly safe in untrained hands. The application may, perhaps, be made when the child sleeps, but otherwise in such cases it is better left to the physician. Sometimes, however, reliance must be chiefly placed on less direct treatment. The benefit of cold applied to the lids has already been referred to. All friction of the lids must be prevented. Excoriations of the skin about the eyes may be washed with a solution of silver nitrate, or an ointment, containing ten grains of zinc oxide, or three or four grains each of zinc oxide and white precipitate to the drachm, be applied. The same treatment may be employed for eczema of the upper lip and *alæ nasi*, or elsewhere about the face, if present. Irritants are harmful. Darkness only aggravates the symptom. Within doors the light should be moderate and even, and be increased as the condition improves, but sudden changes of light, producing, as they do even in a state of health, contraction of the orbicularis, are to be carefully avoided. In the open air a dark shade, large enough to protect both eyes, though only one be affected, and arranged to stand out free from them, with a veil or smoke-glasses if required, are of use. It is by attention to details that success is to be attained.

When the eruption is limited to the conjunctiva a simple collyrium of borax in water or camphor water is often all the local treatment needed. Calomel, dusted lightly upon the conjunctiva from a camel's hair pencil, every day or two, till congestion has disappeared, seems to have a good effect in preventing relapses. But it must be employed with precaution. It should be pure and dry, only a very thin film of it should be formed on the conjunctiva, and the lower fold should be inspected after a moment or two, that if any have collected there in a clump or thread it may be removed. The action of calomel was for a long time unknown; now it has been demonstrated that it is soluble, to a slight extent, in salt water, and it probably acts as a weak solution of bichloride. In the presence of iodine there is produced a biniodide of mercury, and it should, therefore, never be used when the patient is taking any preparation of iodine, else a troublesome eschar may be the result. Properly used it is painless, and I have myself never seen any ill effect from it.

In general, astringents are to be avoided, but when the condition is complicated with a catarrhal inflammation of the conjunctiva, mild collyria of alum, zinc, or silver nitrate are in place. Yet these should be employed cautiously and their action watched if any fresh eruption exists.

With an eruption on the cornea I rely, with most oculists, on the action of atropine. Its soothing influence has already been alluded to. The frequency of its application is to be governed in the main by its effect on the pupil, and it is to be continued till the ulceration is again covered by epithelium. Here, also, calomel is apparently of benefit, but is in contradistinction to the