

the purulent catarrh for which the drug was used. This latter idea of his agrees exactly with the teaching of Arnold Lawson, of London, and Freeland Fergus, of Glasgow, who do not hesitate to say that many of the disastrous sequelæ of ophthalmia neonatorum are to be charged to the account of the drastic treatment ordinarily advised.

Again I found a mother forcing into the angry conjunctival sacs of her child, ointment of the yellow of mercury because it is stereotyped treatment for phlyctenulæ; but judging from the appearance of the eyes and the sobbing of the child the measure was far too severe, good for neither patient nor physician.

Another day an elderly woman with corneal ulcer complicating conjunctivitis, who had been using eserin with more perseverance than good sense for several days, was about to begin a corresponding course of atropine; here results were probable which would have surprised and disappointed all concerned. Of the dangers of atropine and its analogues in advancing years I shall speak anon.

Lastly, in a little brochure which came into my hand a few days ago entitled "The Therapy of Ycast" appears this sentence in discussing the conduct of a case of purulent conjunctivitis in a babe. The treatment began with washing and installation of protargol, then follows this sentence, "I also ordered hot applications to be made to the lids and used atropine and eserin alternately. After four days of this treatment I found the condition growing worse." Obviously the alternate use of atropine and eserin inside of four days could do no harm to a patient of twelve days old, but such orders to a hospital nurse who ever worked in the eye wards, would clearly shew the thoughtlessness of the physician. You know that the pupil-dilating power of atropine is stronger than the pupil-contracting power of eserin, hence where the drugs are used alternately within two or three days the eserin is without effect, as anyone of you will remember who has tried to restore the small pupil after efficient atropine dilatation. Many an eye has been lost from glaucoma after the use of atropine became eserine in heroic doses produced no result whatsoever. A sentence in Professor Fuch's new work reads, "A pupil contracted with eserin or pilocarpine can be dilated with atropine but a pupil dilated with atropine cannot be contracted with eserin." The kindest criticism we can make of that four days' treatment is that it was wasteful of strength on the part of the patient, temper on the part of the nurse, an eserin on the part of the physician, it is worth remembering lest we one day fall into a like error.

Upon whose shoulders can we place the responsibility for the coinage of such a phrase as "a cold in the eye"? The passing of the years has long ago blotted out his name, but, pity it is! we have still the words with us to hide a laxity of thought and diagnosis and suggest care-