

hypopyon, the use of atropine will sometimes suffice to check its progress and initiate the healing process. This treatment may be rendered still more effective by the use of fomentations continued for 15 or 20 minutes, several times daily, and a compressive bandage. The latter is contra-indicated by the existence of blenorrhœa of the lachrymal sac, or when there is much catarrhal secretion of the conjunctiva. If a fair trial of these remedies does not arrest the ulceration in the course of two or three days, or if the ulceration exceeds the limits mentioned when first seen, operative interference is generally called for.

Several different operations have been found to answer the purpose, and a comparison of their individual merits might be both interesting and instructive. I shall, however, only describe one of them, that is the operation of keratotomy.

Supposing we have to deal with an "Ulcus serpens," situated at or near the centre of the right cornea, and spreading towards the median line, or nasalwards. The operation would be performed in this way: The patient lies upon his back on a suitable couch or table, and, if necessary, chloroform may be administered, though an anæsthetic is not usually necessary. The lids are to be held apart by means of a stop speculum, and the eye-ball fixed by firmly grasping the conjunctiva and sub-conjunctival tissue with a fixing forceps held in the left hand and applied a short distance beyond the inner margin of the cornea. The surgeon now taking a narrow-bladed cataract knife in his right hand, causes it to penetrate the cornea a short distance to the temporal side of the ulcer; the puncture being made in a direction nearly perpendicular to the surface of the cornea. The handle of the knife is now to be depressed till the back of the blade is parallel with the plane of the iris, then the knife is pushed onwards till its point is seen to be beyond the inner edge of the ulcer; at this point the counter puncture is made, and the incision slowly completed.

Care is to be taken that both puncture and counter-puncture are made through healthy corneal tissue. The incision must as nearly as possible divide the swollen edge of the ulcer into two equal halves, hence its direction must be made to vary according to the direction in which the ulcer is extending, care must also be