

blade of a scissors, with which the bulging part is cut off, care being taken that the line of the incision lies just behind the ciliary region. The lens is generally included in the piece cut off, but if not it must next be removed. If towards the horizontal equator of the eyeball the line of the incision is taken a little further backwards in the sclerotic, the lower and upper half-circles will fall together more neatly, and will not form the troublesome angle resulting from a truly circular abscission, which sometimes makes the fitting of an artificial eye so difficult, and its use painful. In little children I never sew up the wound, and seldom apply anything but water-dressing.

An occasional and very troublesome sequel of infantile purulent ophthalmia is inflammation of the lachrymal sac. I think it is more frequent where an acute ophthalmia instead of thoroughly ceasing has lapsed into a subacute chronic form. If the sac suppurates the abscess cannot be opened too early, and if after the subsidence of the inflammatory swelling epiphora and a chronic mucous discharge continue, the lower lachrymal punctum and canaliculus should be slit up into the sac. Through this the contents may be pressed out several times daily; and once a day after emptying the sac in this manner a few drops of a solution of sulphate of zinc [gr. ij. and oz. j] may be dropped into the corner of the eye. If the nasal duct is strictured you will best adopt an expectant treatment until the child is older.—*Medical Times and Gazette.*

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*On the Antiseptic and Disinfecting power of Iodate of Calcium.* By E. SONSTADT.

In the first of my papers, "On the Presence of Iodate of Calcium in Sea-Water," I referred to the action of this salt on putrescible matter. Since that paper was published I have continued to make experiments on the properties of iodate of calcium as an antiseptic and disinfecting agent;