

under the lid with a camel's-hair brush. Before the brush is withdrawn, the lid is pressed down, so as to retain the plasma; and on the removal of the brush, the oxide is well diffused over the eye by rubbing the eyelid over the eye. The treatment, in any case, should be commenced with the least quantity that will adhere to the end of the brush, and the quantity increased as it is tolerated. In cases of ulceration, where the patient can keep the eye steady, I apply the plasma directly to the affected part, and allow it to remain a few seconds, or so long as the eye can be kept open. Where the case is complicated with "granular lids," the oxide is applied to the everted palpebral conjunctiva and allowed to remain about half a minute before the lid is closed.

The strength generally used is one grain to the drachm; but in some cases where the patient has been under treatment for several weeks, a preparation of double that strength (two grains to the drachm)* is frequently well borne, and the case improves more rapidly.

The plasma of glycerine and starch is preferable to the ointment. It does not become rancid, and, being soluble in the lachrymal secretion, is more readily diffused over the conjunctival surface.

I am aware that others, including some of my own professional friends, who, apparently, have given the plasma of the red oxide a fair trial, are not able to report the same satisfactory results. This want of success can be explained partly by the fact of the want of care in its preparation, and partly from want of faith in its efficacy. There are cases, where, at the first, the eye is rendered more irritable by the treatment; here it would seem to be contra-indicated, and a strong faith in its ultimate efficacy is necessary in order to carry out the treatment perseveringly; moreover, it is possible that these cases of phlyctenular disease, as well as those of "granular lids," respond to treatment more readily in Western Canada than elsewhere.

* After applying the stronger preparation, however, the eye should be examined in about ten minutes, and any particles of the oxide lodged on the palpebral conjunctiva removed, otherwise ulceration of the membrane may occur.