or ten days. If the effusion be excessive in any one spot, the conjunctiva may, without fear of mischief, be divided, and the blood squeezed out; and if a patient be impatient for restoration of good looks, a lotion may be prescribed to aid absorption.

The following is the formula which I have used, but I do not claim for it any very decided effect :-

> B. Potass. iodid., 3 ij; Tr. Arnic. montan., 3 jss.; Aq. rosami, ad., 5j;

p. lotio.

The following collyrium, though inelegant, is more effective:

> B Ol. jecor asel., 5 j.; Pot. iodid., gr. v; Iodinii., gr. j.

p. collyr.

Compression is a very useful procedure, when it is desired to effect absorption, and a compress of lint soaked in an unirritating lotion of iodide of potassium, and bandaged tightly on the eye will be suitable in the treatment of persons who can adopt it.

Lacerations of the Conjunctiva.-Conjunctival lacerations are very common, and usually quite unimportant in their effects. The eye is watery looking, and the secretion of tears increased; the conjunctiva may also be slightly injected, the patient complaining of feeling as if a grain of sand was under the lid, or a hair turned in upon the eye. There is usually some difficulty in finding the situation of the laceration, on account of the transparency of the conjunctival fold.

Treatment.—If the luceration be small it will be sufficient to keep the lid closed, and apply a cooling lotion externally. If very large, it will be necessary to place the edges of the wound as nearly as possible in apposition and introduce a couple of the finest silk sutures, closing and bandaging the eye afterwards to prevent motion.

Burns of the Conjunctiva.—The conjunctiva may be the subject of extensive destruction by burns-the most common forms of the injury being from gunpowder, from quicklime, and from sulphuric acid in cases of vitriol-throwing. Of these, the burn by lime is that which more especially affects the conjunctiva, while the injuries by gunpowder and vitriol usually involve the whole eye, and frequently end in its destruction. I have also seen eschars of the conjunctiva from a splash of whisky thrown in the face, and such burns have seemed to me much more severe than the strength of the spirit would seem to account for, whence I conclude that the cheap fiery liquids sold in low public houses must contain something-perhaps capsicum-more irritating than pure spirit.

Injury of the Eye by Lime.-This form of injury, which is beautifully depicted by the late Mr. Wardrop in his work on the eye, from which I have copied the illustration, is common ficial and not involving the whole thickness of

amongst bricklayers' labourers, in consequence of the ebullitions which take place in the hasty slacking of lime, and which are sometimes strong enough to splash the lime into the eye. However happening, the injury is very dangerous, and the more so because the effect of the caustic alkali is rapid, and the patient is seldom seen until much mischief is done. The first effect of pure lime is to disintegrate or burn the entire conjunctiva wherever it lodges, and even to destroy the corneal surface in the same way. If the lime only lodges in spots, those parts of the conjunctiva will suffer and the remainder escape, because the lime being insoluble does not spread to any serious extent, and, moreover, the process. of slacking absorbs all the tear-water, and the deposit is, therefore, not washed away. Commonly, even when the lime is in the form of mortar, the conjunctiva is removed from the entire cornea, which then appears as a dull opalcoloured surface surrounded by the chemosed conjunctiva, and appearing as if buried in a pit in the surrounding vascular tissues. Vision is almost nil, the pain violent, but of a smarting rather than an aching character, and the flow of tears excessive. If the conjunctiva be burned off only in patches these places will appear as shallow depressions usually with the cake of lime adherent to their bottoms.

Treatment.—The first indication is to remove the lime very thoroughly, which, in consequence of the closeness of its adhesion, is a troublesomeand painful proceeding. The eye-lids should befully everted, all that can be removed by a camel's hair-brush taken off, and all that cannot, picked away by forceps or even dug out if necessary with the needle or Walton's gouge. Thedeepest part of the conjunctival fold often contains a quantity of the lime, which may be overlooked if not searched for. When the large por-tions are removed, the surface should be syringed with weak vinegar and water, which will form with the remaining small particles an in-nocuous acetate of lime. The removal of the limehaving been completely effected, a drop of atropine should be instilled, and then a couple of drops of fine oil or sweet glycerine and the lids closed. Astringents, such as weak nitrate of silver solution and sulphate of zinc are sometimes recommended, but I have found them very irritating in such cases and worse than useless. Acetate of lead lotions must be specially avoided, as they will deposit a coating of insoluble-chloride carbonate and albuminate of lead in the ulcerated surface, which will heal in and remain as a permanent stain. According to the extent of the injury, the subsequent treatment must be directed to allay inflammation. Cooling lotions externally will be suitable in slight cases, those more severe will require leeching to the templeand poulticing.

Effects.—If burns of the conjunctiva be super-