and recommended (1) as a prophylactic, (2) in the beginning of contagious affections, and (3) where the disease tends to a croupous or diphtheritic character rather than a simple blenorrhœa.

In, 1882 Lubrecht cleansed the eyes (in gonorrhœal and ophthalmia neonatorum) with dilute corrosive sublimate solution, and found it beneficial, though it did not check the disease.

In 1884, Reich recommended weak solutions of corrosive sublimate as a disinfectant in blenorrhœa and other contagious affections of the conjunctiva, but he used strong solutions (1 to 3 grains to the ounce) in the treatment of granular ophthalmia, washing off the lids before replacing them, as in using strong solutions of nitrate of silver. I would here remark that it is a common practice to use stronger solutions of nitrate of silver in purulent than in trachomatous ophthalmia. Why, then, should we not pursue the same practice in the use of corrosive sublimate in acute blenorrhœa? Certainly we cannot expect to get its full effects as a germicide in the weak solutions hitherto commonly employed, not because the weak solution is incapable of doing the work under favorable conditions, but because the conditions are necessarily altogether unfavorable.

Pernice, in 1884, experimented on the cornea of rabbits with pus taken from a lachrymal abscess, and found its inoculation in the cornea produced deep ulcers and suppuration of the cornea, but if the same pus had been mixed for a while with a weak (1–10,000) solution of corrosive sublimate, it thereby lost its infective qualities. He therefore advocated such a weak solution of corrosive sublimate in the treatment of conjunctivitis and corneal ulcers; practically, however, I think it will be found so weak a solution is of very little value as an antiseptic in ophthalmic practice.

I have recently had an opportunity to test the efficacy of perchloride of mercury in three cases of acute blenorrhœa, two of which were clearly of gonorrhœal origin, and the third probably of the same nature. The results were, it will be seen, not altogether unsatisfactory.

Case I.—A. D., aged 19, French-Canadian, admitted into hospital June 19th, suffering from typical gonorrhœal ophthalmia in left eye of about one week's duration; self-inoculated; lids much swollen; copious purulent discharge, and chemosis of conjunctiva; cornea intact. Ordered ice compresses and the conjunctival sac to be washed out every hour with solution of boracic acid, and every fourth hour with a solution of perchloride of mercury 1–2000. This treatment continued for four days with little or no visible benefit. A small transparent ulcer of cornea now visible. Ordered one application of solution of hydrarg. perchloride, 1-1000, afterwards the above treatment continued. The following day there was a marked improvement in the condition of the eye. Four or five days later, commenced the use of nitrate of silver 20 grains to the ounce, once daily, in addition to the other remedies, and the patient was discharged cured on July 10th. Total duration of the disease, 24 days.

Case II.—A little girl, aged 3 years, admitted into hospital July 28th with intense purulent ophthalmia of both eyes, of about two weeks' duration in right eye, and one week in left. This little patient had an acute vaginitis, and was therefore, in regard to the eye affection, probably self-inoculated. A similar course of treatment was pursued. There was some ulceration of right cornea on admission, but this never reached any serious dimension, and both eyes are now well of the disease without impairment of vision in either.

Case III.—E. L., aged 16, a small lad for his age, admitted into hospital for rheumatism, which was found to be of gonorrhœal origin. Left eye affected with intense purulent ophthalmia, of doubtful duration. Cornea, when the treatment began, said to be slightly involved at outer and upper part. The same treatment was prescribed and continued until I saw the patient myself about a week later. There was then an extensive slough occupying the outer three-fourths of the cornea; only a small portion at inner side not involved. I immediately changed the treatment by cold compresses to frequent applications of very hot fomentations. The sublimate lotion and the boracic acid wash continued as before, only warm instead of cold, and a two-grain solution of eserine instilled every two hours. From this time the destruction of the cornea came to a stand-still, and in a few days the slough was thrown off, revealing a very extensive ulceration of the cornea, with a perforation and small prolapse of iris at the upper and outer part; a shallow anterior chamber with a small pupil dimly visible through the semi-transparent ulcerated surface. The ulcer is rapidly