

cornea will very likely not be sufficiently great to withstand the tendency to ulceration.

Unfortunately these are just the sort of cases in which granular ophthalmia is most likely to be associated with an inveterate pannus, and the temptation to make use of some radical means of cure is the strongest. To ensure success then, no little discrimination is required in the choice of cases, as well as in the selection of pus used for exciting the necessary inflammation. I have little or nothing to add to the experience of earlier writers on this subject.

I have never used urethral pus for this purpose of inoculation. The objections to its employment are of too formidable a character to be set aside. I have sometimes employed the pus from eyes previously inoculated though unwittingly, for I greatly prefer that obtained from the eyes of infants suffering from an ophthalmia neonatorum that has lasted several weeks, and not caused any corneal complications, the pus at this stage of the disease, usually being pale, and of a somewhat creamy consistence. Yellow or greenish yellow pus is too virulent and should not be employed.

It is held by some authorities that the fact of one eye being healthy is an absolute contra-indication to inoculation of the other diseased eye. In these cases I have always protected the healthy eye by means of my watch-glass protector and have not as yet had any cause to regret the risk. When the danger is explained to these patients, I found them most assiduous in keeping the little apparatus properly adjusted, and under these circumstances infection of the healthy eye is almost an impossibility. The protector seldom requires to be worn for more than four or five weeks, and whilst in use the patient is perfectly well able to help himself, which, of course, he could not do if the healthy eye were hermetically sealed up in the manner commonly recommended.

A pannus condition, even of one eye, is usually sufficiently distressing to keep the sufferer in idleness most of the time, and, therefore, the necessity of effecting a cure is almost as great as when both eyes are involved.

I have notes of nineteen eyes inoculated during the past four years without going into the details of each case. The following re-

marks are intended to give an idea of the general results:—

*Group I.*—In six cases only one eye was affected, of these four made a perfect recovery and regained excellent vision with the inoculated eye. In the two remaining, ulceration of the cornea occurred resulting in a small leucoma adhærens in the affected eye, with a good prospect of some useful vision after an iridectomy had been done. The other of these two cases was a delicate boy, ten years of age, with oœcna and an inveterate pannus of three years duration. An intense purulent ophthalmitis of a diphtheritic character, set in four days after inoculation and a rather large perforating ulcer of the cornea ensued. An increasing prolapse of iris resisting other means employed to check its progress necessitated removal of the lens. Since which the cornea has recovered to a surprising extent, and there seems a prospect that some vision may be obtained by an artificial pupil. The case is still under observation. It is worthy of note that a peritomy had been done on this eye some nine months previously; as far as it goes, the fact is opposed to the reputed protective influence of this procedure in cases of otherwise doubtful fitness for inoculation.

*Group II.*—In three cases, only one eye was considered fit for inoculation, the other being duly protected from infection just as the healthy eye had been in the first six cases. Of the second group one eye recovered without complication; one with perforating central ulcer of the cornea, but no prolapse of iris; one with perforating ulcer and prolapse of iris which required an iridectomy to check the tendency to corneal staphyloma. Both the latter cases are still under observation and the final result not yet determined.

*Group III.*—In five cases both eyes were inoculated. In one both at the same time; one after five days, with pus from the other eye; one after seven days, also from the other eye; two after ten days, from the other eye.

Of these five cases three recovered without any complication and obtained good vision with each eye. In the remaining two perforating ulcer occurred in the cornea of the right eye. In one of these there was prolapse of iris which yielded to the usual remedies for this condition