Conjunctivitis eczematosa or as here designated, phlyctenular conjunctivitis, is treated almost exclusively by dusting the affected area with calomel by means of a camel's hair brush. Many cases of chronic granular ophthalmia present themselves. When the blennorrhea accompanying these chronic trachoma cases is slight, the solid sulphate of copper is used, especially upon the fornix; but if the papillary hypertrophy is marked, a nitrate of silver solution (gr. xv. to f ʒ j) is preferred. Operative treatment will be referred to later. In epithelial abrasions and ulcers of the cornea, the sac is cleansed by a corrosive sublimate lotion, and sometimes this is injected subconjunctivally. Rest is assured to the iris by atropine, but if the ulcer is peripherally situated and has a tendency towards perforation some myotic is used to reduce intraocular pressure. The affected eye is kept tightly bandaged except when the secretion is profuse. Progressive ulcers go to the operating room. In this department, every other day, about ten patients each get 10 min. of a one-half per cent. solution of strychnine for chronic retrobulbar neuritis or optic atrophy. The injection is made at the right and left temple alternately and good results are obtained. Blennorrhea of lacrymal sac seems to be especially common in Austria. Bowman's dilators are used in the attempt to remove the causative stricture of the nasal duct which is usually present. Contrary to the Edinburgh custom the inferior canaliculus is usually chosen for passing this instrument; the previous use of Weber's knife is seldom practised. If these cases resist five months' treatment the sac is generally extirpated.

Refractive and Ophthalmoscopic Departments.—At Moorfields Eye Hospital in London, atropine is used whenever any refractive difficulty presents itself, while at the Edinburgh Infirmary I seldom saw it prescribed. In Vienna Professor Fuchs adopts the middle course and uses it only in very difficult cases.

The paralysants are prescribed chiefly in young hypermetropes, and in those cases of apparent myopic astigmatism in which, after the use of the mydriatic, the astigmatism may show itself as hyperopic.

Homatropine is a great favorite, and examination is proceeded with two hours after its insertion. For the determination of refraction in the dark-room, we were taught to rely on the direct ophthalmoscopic method rather than on skiascopy (shadow test). When retinoscopy was used, however, the concave mirror was always employed. At Moorfields, on the contrary, stress is not laid upon the direct method in refraction determination, and moreover, no examination is complete without exact skiascopic results.

In Vienna a case is unfinished until the Javal-Schiotz astig-