

period of two or three minutes, then the yellow oxide ointment (1 per cent.) is placed in the conjunctival sac and the eye is gently massaged for two or three minutes. The steaming produces a marked increase of vascularity of the conjunctiva and probably softens the corneal epithelium and permits of ready absorption. When this treatment is persisted in for some time daily, if there is not too great a reaction, or if there is much reaction, two or three times a week, a very great improvement of vision takes place. I need hardly say that in this treatment is inapplicable to dense scars following permanent destruction of corneal tissue.

Another method by which I have treated corneal opacities with some degree of success is by the subconjunctival injection of normal salt solutions. One must be liberal with the amount used, beginning with a small quantity and gradually increasing the quantity. Some bear it well, and some react strongly. It goes without saying that the solution should be carefully sterilized and that the conjunctiva should be lightly cocaineized.

The other method of treatment to which I would draw attention is what I call *pressure inunction*. This is applicable to the denser forms of corneal opacity, other than destructive scars, which are irremediable. The treatment consists of a plasma made of one drachm of calomel to the ounce of vaseline, very thoroughly and carefully rubbed up, so that there are no crude particles left unemulsified. A small quantity is placed in the conjunctival sac and a rather thick layer is spread on the eyelids. The eye is then covered with a pad and a roller bandage is firmly and carefully applied, so as to exert moderate pressure. A thin flannel bandage is best for this purpose. The dressing is worn for two hours daily. The patient or his friends can be taught to apply this treatment. As I have said, I have found this kind of treatment useful in the denser opacities, but I think I have obtained results in opacities of the vitreous. A process of absorption goes on, with or without the aid of pilocarpin, producing in course of time a marked improvement of vision in opacities of the vitreous following hemorrhage into that body or in the case of opacities resulting from effusion.

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MAGNESIUM SULPHATE IN PELLAGRA.

I find magnesium sulphate a very useful remedy in the treatment of pellagra in the first stage. Using this remedy, I keep the bowels active for several days, and give strychnine, 1-40 grain, several times daily, as a supportive tonic. The magnesium sulphate purge seems to eliminate the poison of pellagra from the system.—Dr. W. B. Dorris, in *The Amer. Jour Clin. Med.*