an artificial light. The nasal mucus membrane must be attended to. Direct medication of the conjunctiva consists in the application of some mild astringent. Boracic acid, ten grains to the ounce, can be freely used in the eye three or four times a day. Biborate of soda, ten grains to the ounce, will suit many, an alkaline solution being to them more grateful than an acid one. Chlorate of potash may be used in the same way. When a stronger astringent is needed, the acetate of zinc, one or two grains to the ounce, or the sulphate of zinc, or sulphate of copper is useful. Equal parts of tincture of opium and water is a good stimulating collyrium. Where the lids are dry, the silver preparations should not be used. Sometimes it is advisable to make a profound impression on the vascular walls, and this is best done with the solid sulphate of copper crystal. The alum stick is much milder. That which gives the greatest immediate comfort is the spraying of the lids with cold water, or water and alcohol or cologne, or the simple douching by the hands with water alone. The opening of the eyes under water is not so efficient, and may cause swelling of the epithelium.

CATARRHAL OR MUCOPURULENT CONJUNCTIVITIS. —This is characterized by congestion of the conjunctiva, some photophobia and blepharospasm, and increased secretion, either mucus or mucopurulent. It is the condition frequently called "pink eye." The fact that it is epidemic and that it is contagious by the secretion renders the existence of a specific germ certain. This is known as the Weeks' bacillus.