ence on the eye. The tears exert a certain bactericidal action, which may be due to a mere dilution of the secretion, and this is seconded by the muscular action of the lids in winking, which force the secretion into the tear sac (the drainage system of the eye), whence it escapes into the nose. One thing is certain, the tears are a bad culture medium for bacteria.

Another important factor in limiting the development of the bacteria in the eye is the temperature of the exposed eye-ball. McGillivray, of Dundee, has worked this out very carefully, and has shown that the surface temperature of the exposed cornea is about eighteen degrees below that of the body temperature, whereas if the lids are kept closed the conjunctival and corneal surface temperature soon rises, thereby favoring the development of many bacteria. In addition to this, of course, the eyelids being closed does away with the mechanical drainage function, to which I have just referred. A good example of this is frequently met with in cases of phlyetenular disease, in which the eyes have been kept bandaged. closure is invariably followed by a marked extension of the disease, which can be readily checked by desistence from the use of compresses, and also what amounts to the same thing, by the prevention of the child burrowing its head into pillows and cushions.

Of course, when operating on the eye we have to bandage it afterwards, but this is with the sole intention of getting a speedy union of the wound, and by this means preventing the possibility of a deep infection of the eye. As soon as firm union has taken place all closure of the lids should be abandoned.

In my clinic at the hospital all cases of conjunctivitis, tearsac trouble and ulcerative keratitis undergo a thorough bacteriological examination before treatment is undertaken; invariably, also, a bacteriological examination of the secretion is made in all cases before operation.

The invaluable nature of this examination must, of course, be self-evident to you, firstly as a means of diagnosis, secondly as a precautionary measure, thirdly as an indication for treatment.

This bacteriological examination, short of making cultures of the germs, is by no means difficult, and should not be beyond the power of any medical man. The little extra trouble that it entails upon the practitioner will be amply rewarded by the results obtained.

I may, perhaps, be allowed to describe the very simple pro-