

pritate and necessary for opacity of the cornea, as for plastic effusion in the iris. This treatment is not indicated, and it depresses, and perhaps permanently injures, a constitution that requires to be invigorated.

In the local treatment of phlyctenular inflammation, either of the conjunctiva or cornea, in adults, the plasma of the red oxide of mercury may truly be said to be a specific. I have used this remedy for nearly fifteen years, and I do not remember a single case that did not readily yield to this local treatment; and I cannot now recall more than four cases where a relapse occurred during the treatment. In one case the relapse followed the operation of canthoplasty, and in another,—iridectomy; the other cases were Infirmary patients. In ordinary cases, the treatment does not usually last more than three or four weeks; in slight cases, not more than one or two weeks. Except in these cases of relapse, the worst cases are usually cured in six or eight weeks. Even in cases complicated with "granular lids," the treatment does not usually extend beyond two months. After the patient is discharged, he is directed to continue the use of the red oxide for two or three weeks longer.* In cases where the photophobia is excessive, the atropine solution is applied two or three times a-day; and in cases where the ulcers of the cornea are not healing, and especially where they show a tendency to penetrate, the eyes are bathed two or three times a-day, for fifteen minutes at a time, with water as hot as can be borne. This is a most valuable remedy; and in the only case of phlyctenular keratitis in which I gave it an exclusive trial, a cure was effected in three weeks.

The mercurial plasma is applied twice a-day, as follows. Instead of applying it simply behind the lower eyelid, as is done by some practitioners, the eyelashes of the upper eyelid are held by the thumb and finger of the left hand, and the lid drawn forward; a small quantity of the plasma is now pushed up

* The red oxide is also used in the case of children, when there are leucomatous opacities remaining on the cornea, after the diminution or disappearance of the photophobia. These opacities, if not the result of deep ulcers, will, in most cases, completely disappear, if, after the subsidence of the phlyctenular inflammation, the case be followed up perseveringly with the semi-daily use of this remedy.