solution, or warm sterilized boracic acid solution, and then the eye should be immediately rebandaged.

V. In operating upon the eyeball in the presence of an apparently normal, sterile conjunctival sac, the following steps should be taken;

1st. The forehead, eyebrows, temple, cheek, bridge of the nose, and external surface of the lid should be carefully cleansed with hot water and soap, and dried with aseptic cotton pads.

2d. The margins of the lids should be carefully but gently rubbed with sterilized moist cotton pads, and simultaneously irrigated with a warm sterilized physiological salt solution.

3d. Careful irrigation of the conjunctival sac with the same sterilized normal salt solution, and then closing the lids with a moist sterilized cotton pad. The lids should remain closed in this way until the speculum is introduced.

VI. In all cases the bandage should be removed and the eye examined under the strictest aseptic precautions, as strict as those employed at the time of operation.

VII. On the first sign of infection of the wound, the edges of the lids are to be thoroughly cleansed in the same manner as at the time of operation; the conjunctival sac is to be thoroughly irrigated with the sterilized normal salt solution; the wound is to be reopened and cauterized through its entire length with the galvano-cautery; and the anterior chamber is to be gently but carefully irrigated with a sublimate solution (1-5000); and then the conjunctival sac must be again irrigated, and the lids must be closed simply under a moist sterilized pad.

MEDICINE.

UNDER THE CHARGE OF JAMES STEWART, F. G. FINLEY H. A. LAFLEUR AND W. F. HAMILTON.

LEWIS and LONGCOPE. "Experimental Arthritis and Endocarditis produced by a Streptococcus isolated from the blood of a case of Rheumatism Endocarditis and Chorea." *The Amer. Jour. of Med. Sciences,* October, 1904.

A review of the work done on the etiology of rheumatism forms the first portion of this interesting paper. Already the literature on this subject up to quite recent date has had a place in our retrospect. The clinical features of the patient under observation were those of a fairly mild case of multiple arthritis in child eight years of age. After a few weeks, chronic movements were observed, and increased rapidly in their severity. The diagnosis of endocarditis was made upon the find-