

infectious agent before it has had time to penetrate the deeper structures and thus limit the ravages of the disease. That protargol as an effective agent is well established by the experience of Myles Standish, who used it with great success in a large number of cases, while Davier and other foreign observers speak highly of it. Knapp, of New York, has also recently spoken of this agent in the highest terms, preferring it to the silver nitrate on account of the fact that it is more penetrating in its effect and less irritating. If, then, we have a remedy capable of destroying the gonococcus when present, and of producing no serious trouble, even if that germ should be absent, why not use it just as we do the 2 per cent. nitrate of silver solution in Credé's method. Again, if we can destroy some of the gonococci before they invade the mucous membrane we can limit, in proportion, the amount of inflammatory reaction, which consequently modifies the after-symptoms to such an extent that we have fewer complications, such as conjunctival chemosis and intense swelling of the lids. I can see no reason for waiting until we have a marked flow of pus before we resort to the use of those remedies which are capable of destroying the active pus-producing agent. This method of anticipating the condition is used, and with most gratifying results, by my friend, Dr. Savage, who has had considerable experience in the treatment of such cases. But to return to our patient. If on the morrow we find that the infection has progressed, and that there is more or less secretion, mucus and pus, it becomes necessary to institute a more vigorous line of treatment. The irrigation should be as frequent as is necessary to keep the eye from secretion, and following each cleaning some of the hydrastin solution should be instilled into the eye, and at stated intervals—some three to six times in the twenty-four hours, as the case demands—a protargol solution of 10 to 15 per cent. should be freely used. If thought best by the attending physician, after a thorough cleaning, the lids may be everted and the stronger protargol solution applied by means of a small cotton mop. As to this procedure there is some difference of opinion on account of the difficulty in everting the lids, especially in children, as it is not wholly without danger to the cornea. Then, too, the free use of the protargol will cause it to permeate the utmost limits of the conjunctival sac and thus avoid the necessity of everting the lids for a direct application. By some, nitrate of silver is regarded as the most reliable remedy to use, but it can not be used continuously nor can it be used properly except by one of experience. If it is used according to the suggestion of de Schweinitz, that is, a 2 per cent. solution applied directly to the exposed conjunctiva with a cotton mop and then the pellicle washed off with a physiologic salt solution, in my opinion we have defeated the object in view. In removing the coagulated albumin and in the neutralizing of the excess of the silver we have at once removed the active germ destroyer