

The ointment of the citrol of copper is occasionally used in cases where we desire the effect of copper and our patients cannot come to the office regularly to have topical applications made. The common indication for its use is granular ophthalmia or trachoma and as we have so little of it in Ontario—thanks to our immigration laws—I only mention it in passing.

Topical applications: In the hands of the family physician these are reduced to two, the solution of silver nitrate and the copper sulphate stick.

All that can be accomplished with the silver caustic stick—so-called lunar caustic—can be better done with the nitrate in solution: it may be used in varying strengths, but in few cases should it be applied stronger than 10 grains to the ounce. The cardinal rule to remember in painting lids with silver is never to do so unless there be a moderately profuse discharge. The rationale of the treatment, as already mentioned, is that its escharotic action causes the destruction and subsequent sloughing of the superficial layers of cells and with them go multitudes of the invading germs. Remembering this you will realise the necessity of carefully protecting the cornea and in cases where there may be a doubt regarding the advisability of exhibiting silver in so caustic a form, it will be wise to neutralise any excess with salt solution. The application should be made after the lids have been everted, using a small pledget of cotton wound around the end of a glass rod.

Many cases of semi-chronic conjunctivitis which have resisted the use of washes and drops respond quickly to a thorough painting of the inner surfaces of the lids as above. The operation is usually very painful for perhaps half-an-hour, and in private practice should be prefaced with the use of cocain drops and followed by the application of cold compresses.

The use of the copper stick in this province is confined almost entirely to the treatment of trachoma.

In conclusion, let me say a few words regarding the use of heat and cold in conjunctival cases.

Cold applications are naturally indicated where there is intense inflammation associated with marked heat and swelling of the lids. Perhaps one might say that cold is proper treatment in every case except those in which there is intense chemosis or any other condition causing mechanical interference with the lymph supply to the cornea, and when our disease is seen in anaemic subjects. In fact the conditions influencing the nutrition of the cornea are the real indices for treatment in nearly all conjunctival inflammation and the man who never forgets this will have few errors to his credit.