breast, all the fascia over the muscles and the glands in the axilla. He thought that it was not possible to decide through the skin whether the glands in the axilla were infected or not in the early condition. Mr. A. E. Barker favored early free operations. For twelve years he had removed breast, skin, fascia, and axillary glands.

ANTISEPTICS IN EYE SURGERY.—In the meeting of the Section on Ophthalmology at the British Medical Association, Dr. Noyes, of New York, introduced the discussion on the subject of antiseptics in ocular surgery.—*British Medical Journal*, January 8th, 1898. The first point to attend to is that the patient is given a bath. His face and head are made thoroughly clean. The eyebrows and eyelashes are cleansed with plenty warm water and soap. The conjunctival sac is then well washed out with simple boric solution. This must be done with care, so as to remove all the mucous coagula. It is then customary to put the eye up in a bandage for twenty four hours to ascertain the amount of secretion. If there be a secretion, the operation may properly be postponed. After these preparations have been attended to the skin is well washed with bichloride, 1 in 3,000. The next step is the preparation of the instruments. These are put into boiling water for five or ten minutes, and immersed in carbolic acid. This is ample for culling instruments, as needles and knives. In the case of forceps and scissors, greater care is required, especially at the points and crevices. The instruments are thoroughly wiped with absorbent cotton wool. The hands of the operator should be cleansed by thorough washing with warm water and soap. After this the fingers and nails are scrubbed with a nail brush with soap and powdered borax. This removes all fatty matter. After the operation, the eye is washed out with a 2 per cent. solution boric acid, or a normal saline solution. In cataract operations the anterior chamber is not flushed out. The solutions of cocaine or atropine that may be required are freshly made and sterile. The eye is dressed with a pad of absorbent cotton wool that has been flushed with bichloride 1 in 3,000. Over this there is the requisite bandage. Much importance was attached to the good effects of moist dressings. These favor the escape of secretions, and thus lessen the risk of septic trouble. Always inspect the eye in twenty-four hours. Should there be any tendency to suppuration, moist hot dressings must be continuously applied until the mischief is under control. The greatest care should be given to the condition of the lachrymal sac. If this be unhealthy or contain pus, it must be treated and rendered perfectly