

3. Almost immediately after birth.
4. One or several days after birth.

In most cases infection takes place immediately after birth. The morbid secretion collected around the eyelids during the act of birth is carried into the conjunctival sac after the child is born, by the winking of the eyelids, by the fingers of the infant or attendants, or by towels and other materials used to wash the child. This is the period at which great care should be exercised and every precaution taken to guard against infection. A baby normally passes through the vagina with eyelids closed, sealed with the vernix caseosa, so that it is scarcely possible for any secretion, morbid or otherwise, to penetrate between the lids and cause infection. Such infection, however, might occur during face presentations, the applications of forceps, or during digital explorations on the part of the physician.

*Symptoms.*—The first signs of infection usually make their appearance in one to three days. One eye is usually affected first, the other soon following. One of the earliest signs of infection is that of Billard, which is a narrow, transverse red line appearing in the centre of the upper lid. This is soon followed by a slight swelling of and redness along the edges of the lids and the appearance of thin mucopurulent discharge exuding from between the lids. The lids quickly become red, hot, swollen, and tense, the upper lid often overhanging the lower. Owing to the secretion which becomes thick and yellow with frequently a greenish tinge, the lids are with difficulty separated and everted. Many times a thin greyish membrane forms on their under surface. The everted lid shows the conjunctiva to be thickened and vascular. The ocular conjunctiva is red and chemotic, but not so swollen as to overlap the cornea, as in the gonorrhœal ophthalmia of adults. If the case is not given immediate attention the cornea may become opaque and ulcers develop, eventually ending in corneal perforation. Exceeding care should be exercised in separating the lids so that the eyeball may not be subjected to a pressure which increases the danger of perforation of the cornea. When this occurs the iris prolapses and an anterior staphyloma begins, resulting in the loss of sight. In still fewer cases the sight is quickly destroyed from septic inflammation of its interior.

*Treatment.*—After the disease has manifest itself the treatment consists in the vigilant practice of cleanliness, the destruction of the noxious germ, and the subduing of the inflammation. The inflamed eyes should be kept free from pus by frequent and gentle irrigation with warm antiseptic solution. This treatment given every half-hour is not too frequent. It is necessary to exercise gentleness in these treatments, for force might injure the cornea. Hot applications should be applied at