

It will be seen from these figures that the number of cases of gonorrhoeal conjunctivitis which recovered with the nitrate of silver treatment is greater than is generally believed. While, therefore, it is undoubtedly advisable, especially on account of their painlessness and power of penetrating the tissues deeply, to make trial of the new substitutes, we shall do well to subject them to most careful analysis before discarding the old salt which has served ophthalmology so well in the past.

The following two cases, treated with argyrol, are of interest, also as regards the modes of infection:—

*Case I:* J. L., a Russian Jew, was seen on March 25th, 1903, by Dr. Buller, who placed a protective shield on the right eye and sent the patient to the hospital. On admission the following history was given: One week ago his left eye felt as if something were in it, and, as was his custom, he washed it with some of his urine. Unfortunately for him he had had a chronic gleet for some three or four months, and on the following Sunday, four days later, his left eyelids were a little swollen and the eye felt sore. On Monday the swelling had increased, and a dirty watery discharge was coming from between the lids. Next day the eye was freely discharging pus.

*Present condition:* The patient is an illiterate Russian Jew, whose right eye is normal and protected by Dr. Buller's shield.

*Left Eye:* Lids hot, red and swollen, and not easy to separate or evert; pus of a thick, yellowish character wells up from between the lids. There is intense chemosis of the bulbar conjunctiva so that the periphery of the cornea is hardly seen but the centre of the cornea is as yet uninvolved. The pre-auricular gland is slightly swollen and there is slight fever. A number of smears from the eye show innumerable gonococci.

The patient was immediately put to bed with irrigations of hot boracic solution every half hour, cold compresses of bichloride solution, 1-10,000, in the intervals, vaseline smearings upon the lid margins and argyrol, 25 per cent., freely applied to the conjunctiva once daily.

The next day the eye looked somewhat better, but the day following there were seen some infiltration of the cornea at the lower corneo-sclerotic margin, and four days later the cornea perforated at this point. The small piece of iris which prolapsed was punctured with a Knapp's needle.

From this on, the eye continued to improve, and on May 21st the following note was taken: Left eye now quiet; no discharge; the ulcer which involved the lower quarter of the cornea has healed nicely, the