In General Practice.

patients should be properly clad and taken into the open air. As soon as practicable, the eyes should be exposed to the light; toleration of light increases the more they can be used.

In phlyctenular, as well as in interstitial inflammation of the cornea, inflammation of the iris sometimes occurs, and frequently escapes notice; this should be anticipated by appropriate treatment. In the local treatment of phlyctenular ophthalmia, the solution of atropine, applied two or three times a-day, will allay the irritation of the conjunctival and corneal nerves, and, when the irris is not involved, keep the pupil dilated; but in cases where we are unable to ascertain the condition of the iris, the midriatic should be applied more frequently. Where any irregularity in the shape of the pupil is seen, the four grain solution of the neutral sulphate should be applied six or eight times a-day, until the pupil becomes widely dilated and free from adhesions. Of course, in very young children, the solution cannot be applied so frequently, on account of its toxic effect.*

Since writing the above, a little girl has been brought to me, who had recovered from an attack of phlyctenular keratitis; but an accompanying iritis had been overlooked, and plastic effusion had bound down the iris behind a leucomatous central opacity of the cornea. If atropine, instead of nitrate of silver, had been used, adhesions of the iris would have been prevented, and perhaps the phlyctenular disease cured, before ulceration of the cornea had taken place.

In adults, the photophobia is seldom excessive; in mild cases it is entirely absent. It is this milder form of phlyctenular inflammation that is the great stumbling-block to many general practitioners. Phlyctenular conjunctivitis is sometimes mistaken for that most rare disease, *sclerotitis*, and the patient put on iodide of potassium and colchicum. It is treated, by some, as catarrhal conjunctivitis, and by others, as "chronic ophthalmia." I have frequently seen cases of *recognized* phlyctenular keratitis under the influence of mercury; the physician evidently believing such a course of treatment to be as appro-

* The neutral sulphate of atropine is soluble without the addition of acid, and this solution does not irritate the eye. No alochol should be added.