a debilitated hard-working man, of intemperate habits, with thin flaccid cornea. There was an interval of six months between the two operations and in both the course of events was the same. For three or four days all appeared to be well, then, for no obvious reason an insidious iritis set in, resulting in nearly complete occlusion of the pupil. Subsequently an iridotomy gave vision $=\frac{12}{200}$ with one eye, and with the other vision was $\frac{10}{200}$ without further interference.

In these operations I prepare the patient in the following manner:

Fifteen or twenty minutes before the operation one drop of a four per cent. solution of cocaine is instilled into the eye. Immediately before the operation the patient's face and eyelids are thoroughly cleansed with soap and water and then with solution of perchloride of mercury 1–5000, and the eye is also flushed with the same. Then another drop of cocaine is instilled and the eye again flushed with solution of the perchloride, 1–10,000, and the same solution is used during the operation as much as may be necessary.

I always wash each instrument to be used, with alcohol immediately before and after the operation. After the operation a thin layer of cotton soaked in the 1–10,000 solution is laid on the lids and over this a light compressure bandage applied in the usual way. I have not found any injurious effects from the perchloride used in this way unless it were once perhaps a little transient opacity of the cornea and twice a slight eczema of the lids which disappeared in a few days.

Among other ophthalmic operations for which antiseptic precautions are essential to success I would especially mention the operation of inserting an artificial vitreous, and also plastic operations involving both skin and conjunctiva of lower lids, in which latter the conjunctival secretion is particularly prone to contaminate the wound and prevent union by first intention.