

the use of these drugs is really confined to office practice in preparing a field for a bloodless operation. Especially in searching for a foreign body which has set up a good deal of local reaction is it of great service.

Finally let us consider the commonly used boracic acid. True it enters into the majority of eye washes and drops and with such treatment the conditions for which it is prescribed generally repair. Exactly how it brings about this result we do not know. Its bactericidal power is so slight as to be insignificant, and it is probable the attendant lavage is the source of good. The saturated solution, 20 grs. in the ounce, is not too strong, and used as hot as possible makes a more comfortable application than warm water and hence it will remain the most generally dispensed of our eye-washes. It may be used as a basis for other medicaments in drops or lotion when it should be first warmed. It has no specific action to discuss.

The ointments exhibited in conjunctival cases are few, the simple emollients of the vaselin type are used constantly to prevent the lids from becoming glued together and so retaining the pent-up germ-laden discharge. This is apparently a small matter, yet upon its successful application may depend the vision of the eye. Our patients should not only be given the ointments but shewn how to use them.

There is the ointment of the yellow oxide of mercury, 5 to 10 grs. to the ounce, which holds its place as good treatment for phlyctenular cases when not associated with too much irritation. When such eyes are acutely inflamed with reddened bulbar conjunctiva, and much discharge *i.e.* in cases of mixed infection it is much better to treat along sedative lines until there be a reasonable amount of comfort obtained and then to use the ointment to hasten the healing of the coincident ulceration and so reduce the risk of opacity or irregular astigmatism following. Again we are at a loss to know exactly how the favorable results of this treatment are brought about but the accepted explanation is one of mild stimulation only. After the ointment is placed inside the lids, gentle massage is used for a moment to spread it over the whole bulbar surface.

The compound ointment of yellow-oxide and atropine is especially indicated where there be also ulceration of the cornea in children. It is unnecessary to repeat what has already been said regarding the indications for the use of atropine, the sequelæ to be expected and the dangers attending its use in elderly people. It is worth while mentioning that atropine irritation is more likely to follow the use of an ointment than of drops because of the difficulty of keeping the external surfaces of the lids from being smeared, which grease would not be removed on washing.