

beard in contact, and the brush should be made without acid or alcohol.

In using mercury, Mr. Teale believes that it should be introduced into the system through the skin only, as, in this way, its full remedial effects can be produced without in the least impairing the powers of nutrition. His method is as follows:—instead of *rubbing in* the ointment in the usual way, “the patient is ordered to lie in bed, and wrap round each arm a piece of flannel, well smeared with strong mercurial ointment, and to wear the mercurial bandage until the gums are slightly tender, a small quantity of fresh ointment being added every evening.” “As soon as the symptoms of the disease begin to abate, or the gums begin to be tender (and these two conditions are generally coincident), the mercurial is discontinued.”

The instillation of the atropine should be continued for a week or ten days after all symptoms of irritation have subsided, and longer if the pupil is not fully dilated. After the adhesions have completely yielded and the pupil is fully dilated, the atropine need be applied only two or three times a day.

Effusions of lymph and adhesions of the iris are seen to much greater advantage by the method known as oblique or focal illumination. In a darkened room, a lamp is placed, two or three feet from the patient, on the same side as the affected eye, and with a double convex lens of two inch focus, the light is concentrated and directed across the anterior chamber. This examination is more satisfactory when the iris is under the influence of atropine.*

I would add that, in all cases of the least doubt, the atropine solution should be used experimentally; it is far better to apply it occasionally where it is not needed, than to omit it in a single case where it *is* needed. Considering the number of cases of closed pupil that are constantly occurring,—sometimes even in cases under clinical assistants at ophthalmic institutions, it would surely be far better to use the atropine empirically in every case of eye disease, than that a single case of iritis should be overlooked.

Many cases of chronic occlusion of the pupil may be improved by the operation of iridectomy; but a discussion of that does not come within the scope of a paper on the treatment of acute iritis.

* Oblique illumination is also used in searching for incipient cataract or nebula of the cornea. The two inch lens accompanying the ophthalmoscope is used for this purpose. In its absence, one can be procured from Mr. Potter, the optician, for about 75 cents.