

that with much serous chemosis and swelling of the ocular and palpebral conjunctivæ; in that where the œdema is as great, but harder and denser; in that where the conjunctivæ of eyeball and eyelids and the sub-conjunctival tissue, are so fully loaded with exudation as to give the brawny, mottled look of diphtheritic ophthalmia. In fact, quite lately, I had a case, that of a young man, in whom the inflammation was the most violent I ever witnessed. The partly everted lids had the mottled, white and red look with inability to remove any of the infiltrations so characteristic of diphtheritic ophthalmia. When the tissues began to unload themselves, quite large pieces came away leaving excavated and bleeding surfaces. I value the treatment by carbolic acid so much above all the other varieties that I have ever employed, that I now use no other. Under its influence, the transparent excavations quickly heal, and, moreover, have never, since I began its use, progressed to perforation, as formerly so often the case. The same may be said with respect to the other forms of corneal ulceration brought to our notice in gonorrhœal ophthalmia.

I, however, met with one form of corneal mischief, which I do dread, and against which I am not as well provided, as I could wish. This form is the deep, circumscribed infiltration of the cornea with the external surface unabraded. Here the morbid process goes on extending inwards till hypopyon comes. After this the external surface ulcerates, and then the part is so weak, that at once perforation of the cornea and entanglement of the iris, more or less complete, take place. The powerlessness of carbolic acid in this variety is due to its inability to reach the seat of mischief. The consequences of these cases being such as I have mentioned, have determined me to do *Saemisch's* operation when the opportunity is given me, and by so doing bring the abscess under the benign influence of this acid. This action I shall take though well aware of the great danger of incising the cornea in the midst of such a fierce purulent discharge. As is well-known in the worst forms of gonorrhœal ophthalmia the lids are so swollen and stiff, that only very partial or no eversion can be made. This prevents the proper application of other forms of treatment, such as strong solutions of nitrate of silver, the mitigated and pure stick. The carbolic acid lotion travels with great ease

beneath the lids, and hunts out as it were all the obscure places. The way in which to make such a thorough application can, after a short time, be taught any moderately skilful nurse. These last truths I consider of great moment, and factors telling much in its favor.

The course pursued in the treatment of a case of gonorrhœal ophthalmia is as follows: The patient is ordered to bed; then there is placed at his bedside a large basin of cold water in which there is always kept a big piece of ice. The eye is to be bathed by the patient, or by the nurse, very frequently so as well to cleanse the eye. In the intervals cloths wet in the iced water are constantly to lie upon the closed eyelids. The lotion of a strength 1 in 20, is to be thoroughly applied *every hour*, the lids being as well everted as possible. I always apply the lotion very freely, and at the same time tell the patient to move the eyeball about, so as to give the lotion as free access as possible. These applications are to be made day and night. In consequence of this a nurse must be in constant attendance. The pain and smarting, which ensues after using the carbolic acid, last but a few seconds, and are succeeded by a feeling of comfort and relief. This is another point in its favor, and in direct contrast with the effects of the powerful caustics heretofore employed. As the discharge becomes thinner and more laudable, the 5 per cent. lotion is to be used every second hour, and during the intervening hour, the 2½ per cent., or 1 in 40, is to be applied. As the virulence of the affection goes on diminishing, the 1 in 40 may be used altogether. I do not employ the watch glass protector, the ingenious contrivance of Dr. Buller, of Montreal, for the sound eye. I tell the patient to lie on the side on which the affected eye is, and warn him of the danger of inoculation. I consider these measures to be sufficient precautions when using so frequently an application of such strong antiseptic properties. I look upon this lotion as the most effective and reliable remedy we have at our command in gonorrhœal ophthalmia; and the more I make use of it, the greater becomes my faith in its power for good. The great *antiseptic* and *astringent* properties of carbolic acid place it, in my opinion, without a rival in the treatment of this inflammation.

This is its history in my hands with regard to the foregoing affection. I shall now mention it