

### The Treatment with Argyrol Solutions of the Purulent Ophthalmias.

*The Ophthalmic Record* has an article on this subject with the following conclusions:

1. The treatment of gonorrhoeal conjunctivitis with argyrol is efficient, provided it is instilled often enough (every fifteen to thirty minutes) to keep the diseased tissues practically immersed in the solution.

2. The instillations must be continued day and night so as to render the immersion constant and afford the gonococci no chance of unchecked activity.

3. Until the formation of pus has wholly or virtually ceased the eye should not be irritated by any manipulation or the instillation of any other substance.

4. The less virulent course of the disease when so treated confirms the belief that more strenuous methods often abrade the weakened epithelium of conjunctiva and cornea and open ways of invasion to the gonococci.

5. As always, the best results are had when the remedy is thoroughly applied in the beginning of the disease. This can be done no matter how swollen or brawny the lids; a thing not possible with less diffusible liquids or with those which must be applied to the everted lids. It is excusable to repeat that eversion is dangerous in the early stage when the epithelium is softened and pus formation still profuse.

6. Under this plan corneal ulcers are uncommon, and when they do appear are held in check and do not produce widespread destruction. Corneal ulceration, then, far from forming a contraindication, gives an additional reason for its vigorous employment.

7. Argyrol is not a powerful astringent; therefore, as soon as pus formation has ceased and the lids have become flaccid,  $\text{AgNO}_3$  solutions should be applied to the everted lids once daily to hasten the reduction of the conjunctiva.

8. In monocular cases the safety of the unaffected eye is secured by instilling the argyrol solution but one-half as often as in the infected eye.

9. The method is far less painful, especially in the acute stage, than any other yet proposed. This is an advantage not merely of good feeling, but enables us to treat many who, even at the cost of an eye, refuse to tolerate severer methods.

10. The author has never observed argyrosis following the use of argyrol.