about the eye, then their parents or responsible attendants should be warned and all necessary precautions taken to prevent this complication.

"Treatment. But presuming that the period for prophylaxis has passed and infection has occurred, several questions at once present themselves for consideration. The first is that of cleansing and keeping the eye free from secretions. The primary object of this procedure is to free the eye of pus, which is rapidly formed; this is most important, and for this purpose many solutions have been suggested and used. As boric acid is always at hand and its solutions are not dangerous in the hands of average attendants, I usually resort to a saturated solution of this agent, though when cleaning the eye myself I frequently use a solution of bichloride of mercury, 1—10,000. Artificial aids to irrigation I have not used, but rather depend on the ordinary method of cotton pledgets dipped in the irrigating solution and squeezed into the eye. As to frequency of cleansing, it should be resorted to as often as is necessary to keep the eye free from pus. This varies from every few minutes to every hour or two, according to the case, the stage of the inflammatory process or amount of pus being produced.

"Cold Applications. In the early stages of the attack the use of local applications of cold has been advocated by some and condemned by others. Touching this measure, I may say that it may give relief to symptoms and perhaps be used with safety in cases of robust adults where the cornea is not involved, but in infants or young children difficult to manage I do not use it. The chief danger in cold is that if it is applied to the point of efficiency as to temperature and length of time it is apt to reduce the nutrition in the cornea to a point where ulceration is set up and the condition seriously complicated. In view of these dangers from the use of cold it should be used, when used at all, to combat the pain by relieving the congestion, and then only for a few minutes (five to ten) at a time, with long intervals between the applications. Even in hospitals where house surgeons and trained nurses of experience are charged with its use it should be resorted to tentatively only, but in the general run of private practice it is a two-edged sword as a routine procedure.

"Surgical Treatment. Surgical procedures are resorted to by some in the conduct of these cases, such as the scarification of the chemotic ring about the cornea, or if the cornea is threatened by the pressure of the swollen and tense lids, a canthotomy, or even the vertical splitting of the upper lid. As to the first procedure, the time and the frequency of resorting to this must depend on the judgment of the physician. As to canthotomy, it should be done only when the pressure symptoms are severe and prolonged; fortunately this is not often; as to the vertical splitting of the upper lid, I think it is rarely necessary, and then in extreme cases only. In this connection I think I am justified in saying that in the great