may be mentioned here, the risk of strong cocain drops passing down the nasal duct and so into the stomach. It is a hint worth taking that where it is necessary to cocainise an eye it is good policy to have the lachrymal sac compressed with the finger tip so that any risk of this drainage may be averted. It is a mistake to use strong solutions of cocain, 2 per cent. being all that is necessary. For small operations on the inner surfaces of the lids it is better to rub in the salt with a small spatula over the area desired anæsthetic.

Atropine comes next and might be readily dismissed by saying it has no place in the treatment of conjuntival disease, which is quite true. However, it is so generally and often so harmfully used that it demands a word or two. I think we may say that the only condition in which atropine is indicated in external eye disease is in acute ulceration of the cornea. Where one is tempted to prescribe cocain for the local pain and be disappointed by the need for such frequent application and the bad effects which may follow, for this one lesion, corneal ulcer, especially traumatic in origin *e.g.* after a foreign body has been removed with difficulty, it is atropine we should use and our patient will be comfortable for hours. With the above one exception atropine has no place in the treatment of disease limited to the conjunctiva or the anterior layers of the cornea. I need hardly mention a disastrous mistake which might be made should this rule be forgotten, but before now good men in busy practice have mistaken the circum-corneal passive congestion which is seen in acute glaucoma for a simple conjunctivitis and have instilled drops or ointment containing atropine. Out of the frying pan into the fire, the eye has been lost from increased intra-ocular pressure before the pupil could be contracted again. Very often it is an error in basal therapeutics which makes a wrong diagnosis fatal, strict adherence to sound general principles would have saved nearly all lost reputations. Two sequelæ to the use of atropine should not be forgotten: first, the dilatation of the pupil and the paralysis of accommodation which accompanies it. The large pupil makes a man most uncomfortable in bright lights and the cycloplegia prevents the long-sighted man from seeing anything clearly and the normally sighted one from reading. These possibilities should be mentioned to the patient or there may be annoyance for everyone concerned. More annoying still is the acute eczema which occasionally follows the use of atropine and causes such discomfort. It responds to calamine lotion readily when the atropine is discontinued.

Adrenalin, which will stand as the type of all the super-renal derivatives, will not often be put into the patient's hands by the physician. Its action is rapid and effectual in blanching the conjunctiva, but obviously we could not think of keeping the vascular area so contracted for any length of time, or we should assuredly get our cornea sloughing. Hence