

strict attention to keeping the conjunctiva free of discharge. Improvement was manifested from the first day, pain ceased, and the cornea soon began to clear up. The anterior chamber was re-opened several times and then allowed to close permanently.

On the 17th, I commenced the use of astringent applications to the conjunctiva, which were continued daily till the date of his discharge November 10th.

Some months later this patient presented himself for inspection. The eye had given him no further trouble since his discharge from Hospital. No trace of the incision was discoverable. A thin but rather large opacity occupied the lower and inner quadrant of the cornea, the curvature of which appeared normal; there was no synechia, vision, though somewhat impaired, was fairly good, and he could easily read ordinary print with the right eye.

CASE II.—J. R., æt. 21, labourer, admitted into Hospital June 7th, 1878. The left eye has been inflamed for two weeks. There is an ulcer with a large surrounding purulent infiltration at the centre of the cornea, occupying at least one half of its area. The peripheral portion of the cornea is quite clear, and through it a corresponding part of the iris is visible, the two being separated by a shallow anterior chamber, the lower fourth of which is filled with a purulent material. The pupil and a good deal of the surrounding portion of the iris, were of course hidden from view, and I inferred from the shallowness of the anterior chamber that perforation of the cornea had taken place, but that the aperture was not sufficiently free to permit the whole of aqueous humour, and the inflammatory products contained in the chamber to flow out. Having seen iridectomy fail to afford relief under similar circumstances, I determined to try the effect of keratotomy, and accordingly divided the cornea in the horizontal meridian to such an extent that both ends of the incision passed through healthy corneal tissue. The wound was kept open for about a week in the usual manner, by which time the infiltration had lost its yellow colour, and the anterior chamber was free from pus. Strict attention to cleanliness, atropine instillation, and a compressive bandage constituted the other local measures. Though the pain and intolerance of light