Two cases seen by me comparatively recently manifest not only a diversity in the clinical manifestations of the disease but in the severity of the type of inflammation present.

Case A.—An elderly man had been admitted to the hospital for the extraction of a cataract. Extrinsically the eye appeared healthy in every respect but to insure additional safety a culture plate, as well as a smear preparation, was made from the conjunctiva; no bacteria were found. As an additional safe-guard the lachrymal sac was syringed out with saline solution and the duct found to be patent. The usual operation for cataract extraction was performed and for the first twenty-four hours the patient's condition was in every way satisfactory. The following day, after complaining of a burning sensation and pain in the eye, pus was found on the dressing and the conjunctiva was seen to be distinctly reddened; evidence of early necrosis appeared along the line of the corneal incision. A smear preparation of the conjunctival secretion was made after Gram's procedure, which revealed quantities of pneumococci. Römer's anti-pneumococcic serum was administered immediately but the day following the progress of the disease had not been stayed and pus was in the anterior chamber. Local treatment and the employment of Römer's serum failed to check the disease, so that in four days the condition had proceeded to one of panophthalmitis with the usual results.

Case B.—Admitted to hospital suffering from an acute keratoiritis of the right eye. The patient's general health was good but shortly after her admission she complained of pain and lachrymation in the formerly healthy eye. The onset was markedly acute, to such a degree that, in twenty-fours hours the lids were tremendously infiltrated and the most pronounced chemosis conjunctivæ was present so that the cornea could scarcely be seen. A rather profuse muco-purulent discharge was emitted from the palpebral fissure and examination of it showed pneumococci in large quantities. Iced applications of boracic acid and biborate of soda were applied to the lids and three or four days later all evidence of superficial inflammation had disappeared.

These two cases are cited merely to illustrate the remarkable result which may follow an apparently benign infection of the pneumococcus with a coincident corneal wound; while a very acute attack with profound superficial disturbance may completely disappear in the course of a few days if the corneal epithelium has remained intact.

An ordinary case of moderate intensity would appear somewhat as follows:—One first notices a rosy-red œdema of the lid margins, particularly of the upper, and Morax regards this as characteristic; there is