

ing of the white parts of the globe. It comes as a shock to the physician to have a patient come back after perhaps three months with a pair of eyes, the whites of which have turned to a dirty brownish grey and his phial of nitrate drops empty. Moreover, it is less consoling to know, after the diagnosis of silver staining is made, that it is absolutely permanent.

The greatest danger lies in the destructive power of this salt. Silver nitrate, even in very weak solutions, will cause disorganization of superficial epithelium both conjunctival and corneal. In fact the generally accepted explanation of the good results following nitrate applications is that with the sloughing which follows go myriads of pathogenic bacteria and so the final balancing is good. This sloughing may be of small moment to the palpebral or even to the bulbar conjunctiva, but what shall we say of the cornea?

There are many of our best teachers to-day who do not hesitate to say they have seen corneæ melt away more from the destructive action of the drops, than from the disease for which they are used. Careful thinking will keep silver nitrate out of the patient's hands and even the physician will rarely use it in drops.

Of the newer albuminoid salts of silver two have been largely used in conjunctival cases—protargol and argyrol. These, though less caustic than the nitrate and therefore devoid of the greater danger, are for that very reason less effectual, moreover, they are not free from the danger of permanent straining though it does appear to come less often. Argyrol is the favorite and is largely used for its astringent and supposed bactericidal action in ophthalmia neonatorum, and in tear-sac and duct cases. It is commonly used in from 15 to 25 per cent. solutions, having only one other disadvantage—its dark color. Where drops are given to the patient it is the best way of exhibiting silver.

Cocain, eucaïn, novocain and other analogues of the same ilk. I should think that local anæsthetics of this type are rarely used in the therapy of conjunctivitis, yet there is a temptation to add a fraction to astringent drops to lessen the stinging and burning consequent upon their instillation and make our patients comfortable and grateful. It will be much safer to lay down the same rule for cocain or any of its analogues that we have done for silver nitrate—don't let the patient have cocain in his own possession. You will all be aware of the distintegrating action cocain has upon the epithelium of the cornea, so that where the vitality of the tissues is low it may have a positively harmful effect; this applies especially to old people, where already there is often slight corneal abrasion. No matter how one may emphasise to the patient that he must use the drops sparingly, the result is invariably the same, he uses his anæsthetic ad libitum until the local pain is controlled. Only one other point