

slightly rose red; this is rapidly followed by great swelling and even by the formation of a copious membrane on the inner surface of the lid; the secretion is watery, and very frequently there are small hemorrhages; it is especially found among young children and young adults; it occurs in epidemics; it is contagious. The germ is found to be a *diplobacillus lanceolatus*, or *pneumococcus*, as it is sometimes called; they are lanceolate in shape and tend to form short chains, which with some other points suggest a similarity to the *streptococcus* family. The treatment of this condition is active antiseptics and the application of the galvano cautery to the ulcer.

Of the purulent types of conjunctivitis that exist, that caused by the *gonococcus* is the one most frequently met with and most disastrous in its results; it is extremely contagious, but the proportion of individuals suffering from gonorrhea who develop gonorrheal conjunctivitis is comparatively small. This comparative freedom from ocular complications in gonorrhea is very suggestive to any one having much to do with the disease. It would almost appear as if the gonorrhea itself confers a certain degree of immunity. In addition, the escape of the eye from this virulent infection must be partly due to the protection of the lids and the washing away of the secretion by the tears. It would appear as if the resisting power of the individual has a good deal to do with the severity of the diseases, since in many cases which have come under my notice I have found that the proportion of gonococci present bears no definite relation to the severity of the disease. Many of the worst cases I have seen showed under the microscope but a few gonococci, whilst in others in which the disease ran what we might call a benign course, great quantities of gonococci were present. It is needless for me to speak about the characteristics of this well-known germ, but there is one point I wish to impress upon you, and that is the fact that the *gonococcus* is capable of invading the intact corneal epithelium, whenever the pus is allowed to stagnate in the eye; hence the great importance in treatment of a very complete and frequent irrigation of the conjunctival sac.

I have found gonococci in the sac many days after the cessation of the discharge, which points to the necessity of continuing the treatment for some time after the apparent cure.

In this connection I wish to draw your attention to an interesting form of conjunctivitis, of gonorrheal origin, but in which the infection is endogenous, and which is frequently