In the treatment of all the forms of simple, acute, or subacute conjunctivitis, we are in the habit of prescribing applications to be made to the closed eyelids of cold water, by means of cloths or pieces of old linen These, dipped in cold water, or better still, placed on a piece of ice and then transferred to the eyelids. make a very soothing and beneficial form of treatment. Then a solution of alum and boracic acid, as mentioned above, is given the patient to use at home, two drops in each eye, twice daily.

Purulent conjunctivitis, is the most serious of all the inflammations of the membrane we have to deal with, and we know of nothing more sad than the picture so frequently seen of the helpless infant, but a few days old, presented for our care, with both corneæ infiltrated, the eyelids bathed with pus, and the eyes hopelessly destroyed, when, if the appropriate remedies had been used, the child would have been saved a lifetime of misery. Another form seen in the adult is the purulent conjunctivitis caused by the germ of gonorrhœa—an exceedingly disastrous inflammation, and one that will destroy the eye within forty-eight hours unless treatment is very promptly inaugurated. The eyelids are very much swollen, and the skin red and glossy, and the secretion copious. In either the infant or the adult, if only one eye is affected, the non-affected should be protected and shielded from inoculation by means of "Buller's shield," which is simply a watch crystal held in position by means of adhesive plaster. Thorough cleanliness is godliness in this instance, and should be rigorously carried out; in fact, this class of patients should only be treated as in-door patients, and then isolated. All things used in removing the secretion from the eyelids should be promptly incinerated, and thus all further danger of contagion removed. The eyes should be cleaned as often as the secretion accumulates—every half hour, if necessary. The eyelids should also be opened and the secretion removed by the use of a small syringe, injecting through the cul-de-sac and over the eyeball a solution of mercuric bichloride (1 to 8000), in order to cleanse and, at the same time, act as an antiseptic. If the secretion is considerable and there is not much bleeding from the palpebral conjunctiva, applications should be made by the medical attendant to the everted eyelids of a solution of silver nitrate, ten grains to the ounce of water. This should be in many cases applied twice daily, and continued until the secretion begins to diminish, when the strength of the solution may be reduced to five grains and the applications made once daily. It is extremely important that applications of iced cloths should be kept up in the adult continuously for the first few days and in the infant as frequently as tolerated. The best way is to take a large piece of ice, wrapped in flannel, and upon this place small squares of old linen, and when they are thoroughly cold transfer them to the closed and inflamed eyelids. When the cold becomes too intense, the applications may be interrupted for a time, or when the cornea shows signs of lack of nutrition, they may be altogether omitted, and even warm compresses applied; this, however, is rare. After cleaning and making the silver-nitrate applications, it is best to fill the conjunctival cul-de-sac with vaseline, as it has been found to lessen the secretion and probably render the propagation of the germs more difficult.—Moore, in *Post Graduate.*

TREATMENT OF SPRAINED ANKLE BY ADHESIVE STRAPPINGS.

On May 16, 1893, a gentleman tourist from New York City called at my office for treatment of a severe sprain of the ankle, which he stated occurred in getting off a moving train three days previously. For the relief of the severe pain he had employed an anodyne liniment. On examination I found the right ankle greatly swollen, very sore and sensitive when the least movement was made, but although the symptoms pointed strongly to the presence of a fracture or dislocation, I was able to assure the patient, much to his gratification, that this was not the case. He was very desirious of having something done to enable him to continue his tour, as his time was limited. So forcibly did he urge upon me to fix him up in some way that my wits were put to a strain for some new plan of treatment, that his wishes might be satisfied. I thought of splints, of plaster of Paris, and other materials, of bandaging, laced boots, and crutches, and every method I could call to mind, stating the advantages of each to him for selection. None suited him, as he said all were too cumbersome, and he feared he could not travel with any satisfaction, having his wife with him.

He enquired if there was no other way of relieving him, stating that he would take the responsibility upon himself. I thought for several minutes of something new, when my eyes fell upon a roll of rubber adhesive plaster on my desk. The idea at once suggested itself that the ankle could be completely immobilized by cross strapping with the plaster. I offered my new plan to the patient, and he said "go ahead." I cut my plaster, which was one and one-half inches wide, into strips from twenty to thirty inches in length, as they were required. The first strip, about thirty inches in length, was carried from near the base of the little toe around the foot, then over the instep and around the ankle, making a spiral bandage. The second was started beneath the base of the great toe and carried over the instep,