

and had laid stress on the use of antiseptic injections previous to delivery, as before operations in surgery. The results were good in Hamilton, though only tried for a very short time. He thought the excellent results obtained in the Queen Charlotte Hospital were largely due to the previous washing out of the vagina, as the discharge before labor was often septic.

Dr. ALLOWAY thought no subject was of more importance than aseptic midwifery. Owing to its acceptance the mortality had notably decreased during the past five years. It is rare now to hear of septic cases, much less of death. For the last five years he had been an antiseptist, and had not witnessed a single death during that period, though, through nurse or midwife examining patients, he has seen many cases of septicæmia. He cited, as an example, where one midwife had lighted up several septic cases. Dr. Roddick's importation of Listerism had induced him long ago to apply it to midwifery cases. Dr. Cooper of New York reports 40,000 cases in Vienna, with results similar to those stated by Dr. Cameron. He (Dr. Cooper) insists on using corrosive sublimate whenever there is any abrasion of the vagina.

Dr. TRENHOLME said he had never had a case of septicæmia in his practice, though he never uses a tube, and believes this result due to his great care in removing the membranes and placenta entire.

Dr. SHEPHERD called attention to the results, as stated by Dr. Cameron, of removing by the curette any adhering portions of the placenta as soon as septic symptoms appear.

Dr. CAMERON, in replying, stated that the use of the jute pad and iodoform to the vulva after delivery was analogous to the mode of stopping a test tube in germ culture. There is always danger of carrying in air with the douche, and for that reason prefers the dry dressings.

Progress of Science.

OPHTHALMIA NEONATORUM.

ITS TREATMENT.—Dr. J. E. Weeks, of New York, one of the resident staff of the Ophthalmic and Aural Institute, writes, in the Medical Record, on ophthalmia neonatorum, that the plan of treating this affection he has found most rational is as follows, for the careful carrying out of which a trained nurse or a careful attendant is essential :

If only one eye is attacked, the well eye must be carefully guarded against the possibility of infection from the diseased eye. This is done by cleansing both eyes frequently with absorbent cotton or clean sponges, and clean, cool water, weak solutions of sublimate, boracic acid, etc. Sealing the eye in infants is very unsatisfactory ; it may be done with benefit in adults. *Constant* cold applications to the lids should be made. I find the following method most efficient : Pieces of linen, twelve or eighteen in number, are folded into three layers, so as to form squares of an inch and a half. These squares are dampened and spread on a cake of ice. The nurse in attendance changes the pieces of linen to and from the eye sufficiently often to have a cold piece *always* resting on the lids. These applications are kept up *constantly* until the swelling of the lids subsides, and until the discharge has almost entirely ceased, usually from three to seven days. The plan of making the cold applications at intervals of two or more hours is certainly not advisable in these cases, as the temperature of the lids rises as soon as the cold is removed, and the development of any living germ in the tissue of the conjunctiva is resumed. I have witnessed the increase of inflammatory action in cases of this kind when the intermittent plan was followed. The secretion is removed from the conjunctiva by careful washing with cold or cool water, a clean sponge or absorbent cotton, usually every twenty or thirty minutes—more or less frequently according as the secretion is more or less profuse.

In these conditions applications of a one to two per cent. solution of nitrate of silver are made to the surface of the conjunctiva every morning and evening, care being taken not to make the solution sufficiently strong to cause an increase in the inflammation of the lids when it is applied. The applications are made in the following manner : The lids are everted, and the solution of silver is brushed upon the conjunctiva freely with a soft camel's-hair brush. After the silver has remained in contact with the conjunctiva from fifteen to thirty seconds, it is washed off with a very weak solution of sodium chloride or simple water.

The above-mentioned applications may be made in all stages of the disease, without regard to the condition of the cornea. If corneal ulcers exist, one or two drops of a one per-cent solution of the sulphate of atropine should be instilled between the lids two or three times a day. I find that the gonococci are present so long as the purulent discharge continues.

If the above plan of treatment be carefully carried out, I am confident that no eye need be lost by any form of gonorrhœal ophthalmia, if the treatment is commenced before the cornea becomes involved, and that corneal complications will be very rare. In nearly every case the progress of the disease will be arrested from the moment that treatment is begun. Canthotomy, Critcher's operation of a perpendicular incision through the mid-