

relieves pain and hastens the absorption of the corneal infiltrate. After the ulcer is entirely healed, I have the patient insert into the lower conjunctival cul de sac a little dionin ointment, and then have him close his eyelids and massage the cornea by means of his fingers. I employ at the start, ointment 2 per cent., and gradually work up to 5 per cent. Let me emphasize here that the more recent the opacity the better the result.

*Iritis and Irido-cyclitis.*—In the acute form of these diseases dionin combined with atropine, besides relieving the pain, assists the latter drug in its dilatation of the pupil; a feature most desirable. In old cases of iritis, where posterior synechiæ are present, and there is also a plastic exudate over the pupillary area, there is no adjuvant to atropine like dionin. It is also very useful in post operative iritis and irido-cyclitis.

*Acute Glaucoma.*—Dionin is said to lessen the intra-ocular tension of the acute glaucoma. My experience in cases of acute primary glaucoma has been very limited, but combined with atropine, I have used it with splendid results in cases of secondary glaucoma due to synechiæ.

In conclusion, from my experience, on account of its usefulness in iritis, irido-cyclitis, corneitis and opacities of the cornea, I think that dionin has already come to stay as one of our most valuable and useful ocular therapies.