that any case of ulceration of the cornea which can be cured without cauterization, should be.

Infection of the cornea from the pneumococcus generally takes the form of ulcus serpens, which we all know well. Streptococcus ulceration is fortunately rare, while Staphylococcus, though occurring fairly often, is of a mild type. Now, will closer attention to etiology help us to bring about better results, that is, will this definite knowledge as to the etiological factor causing an ulceration help us to limit the destruction of corneal tissue to the epithelium, thus preventing the destruction of corneal stroma?

Where we have ulceration of the cornea from the diplo-bacillus, whether that be the catarrhal form or ulcus serpens with hypopyon, the indication is treatment with a weak solution of the sulphate of zinc. This is the treatment par excellence, as the sulphate of zinc is regarded by many as a specific in this form of infection. I always like to give the conjunctival sac and cornea a good flushing with a ¼ per cent. solution and then have instilled through the day frequently drops of a ½ per cent. solution. Treatment of this kind disposes of over 50 per cent. of our cases. The rest may be placed in one group, for their clinical course and treatment are very similar. Ulceration caused by the pneumococcus forms the largest part of this list. In this form, so often preceded by dacryocystitis, prevention should form a prominent part of our treatment. Buller, in a severe case that I remember, obtained a good result by tying ligatures just inside the puncta and in this way prevented the pus from the inflammed lacrymal sac from adding fuel to the fire. I recall a lost eye which resulted from the removal of a foreign body from the cornea, where pneumococci were present in the conjunctival sac. This possibility deserves some attention, especially as it is well recognized now that eyes that have undergone a severe ulceration of the cornea, may prove dangerous ones. Radical treatment in dacryocystitis would be the means of reducing greatly the number of cases of pneumococcus ulceration of the cornea. The general practitioner should be taught that his duty by no means ends with the removal of the foreign body. Much was expected from Römer's serum, but the results elsewhere have never equalled those obtained by Römer. Whether the inoculation of a vaccine in such cases would do good I hope in the near future to try.

Systemic treatment in severe ulcerative conditions must be ever borne in mind. The patient should be put in the best possible condition, the better to enable the cornea to fight the infection. The actual cautery, carbolic acid, iodine, nitric acid, acetic acid, all have their adherents.