

After removing the bandage for good and making the surrounding skin clean with soap and water, we must now proceed to the toilet of the conjunctival sac, the diagnosis having been first made. It may be taken for granted that any antiseptic solution which would even inhibit the growth of pathogenic bacteria in this sac would seriously injure its delicate structure and so make matters worse. We had better be satisfied with a wash which will cleanse without doing any harm and this we have in normal saline solution. The good results which come to those physicians who use powerful antiseptics in the conjunctival sac are more than equalled in the practices of those who taboo such drastic remedies, and surely these latter must be our safer guides. We must be sure the wash gets into both sulci so as to clean out all the crannies and this is often a difficult part of the treatment and occasionally impossible as in marked spasm of the orbicularis or when the lids are thickened or actively oedematous as in the first few days of purulent inflammation. Having now flushed out the eye with normal saline solution warmed, and protected the other eye from infection if deemed necessary, what shall we do next? We may use drops, two to four carefully placed in the lower sulcus, or upon the eye-ball, the lids being held apart with thumb and finger; the eye is then closed and gentle massage used.

Of drugs applied in drops we shall speak first of zinc: solution of the sulphate two grains to the ounce, or of the chloride one grain to the ounce. These should be carefully dispensed for zinc is very irritating and a grain too much might lose your patient for you or make explanations necessary. Now zinc is sure-death to the bacillus of Morax and therefore the treatment for angular conjunctivitis. This type of inflammation, though as a rule, submitting in a few days, shews a marked tendency to recur and where failure is reported it is invariably due to careless application or too early cessation of treatment. The drops should be continued at least two weeks after every sign of irritation is gone.

Lead in the form of the acetate enters into most domestic eye-drops. As an astringent it has its use, but there is one danger ahead which is sufficient to put it under bann. Where there be any abrasion of epithelium there is laid down a deposit of insoluble salts of lead. Now any conjunctivitis, however slight, may be complicated with corneal ulcer; this is especially true in the phlyctenular type and also in the variety often seen in old age. An opacity of carbonate of lead glaring white in the black pupil, is not a sequel to treatment to be much desired, especially as such can only be removed by scraping, which cannot be very satisfactory.

Silver nitrate has the reputation of many years behind it: whether it be a reputation for good or evil seems to depend upon who speaks of it. Whatever may be said of the good resulting from its use, the evil it has done lives after it. These evils are several, perhaps the least is the stain-