

of nitrate of silver, 2 per cent. solution, or the 3 per cent. solution of largin.

Entirely distinct from this form is a chronic variety of catarrhal conjunctivitis affecting mainly the conjunctiva of the lids and especially well marked at the inner and outer canthi; this disease sometimes goes by the name of angular conjunctivitis; there is a slight mucous secretion, the conjunctival papillæ are not swollen, the inner canthus and the lid margins are markedly red, in time the roots of the cilia become affected, as does also the tarsus, the cilia then fall out and the lid margins curl inwards. It occurs at all ages but more especially in adults, and is most frequently met with during the months of June, July and August. Superficial infiltration of the cornea occurs and sometimes even severe purulent spreading ulcers are found which bear a marked similarity to the malignant ulcer serpens.

In 1896 Morax and Axenfeld both discovered a diplo-bacillus which by a series of exhaustive investigations they found to be the cause of this disease. The bacilli are large  $2\ \mu$  by  $1\ \mu$  and generally occur in pairs and chains; they are decolourised by Gram's method after staining with Gentian violet. The disease is very infectious and the bacilli retain their virulence for a long time.

It has been found that solutions of sulphate of zinc have almost a specific action in the cure of this disease, and this may be freely applied even when ulcerations of the cornea arise. The zinc salt is used in a solution varying in strength from a half of 1 per cent. up to 2 per cent., the milder collyria being reserved for those cases exhibiting the greatest irritation. It has also been found that the solutions of the silver salts appear to be inert in the treatment of this condition. I might cite as an example of the action of this drug, even in severe ulcers, one case out of several which have lately come under my observation. The patient had developed an ulcer in the cornea probably of traumatic origin for which he had been treated at his home in the country near Montreal. He thought that his eye had been scratched very slightly with a twig, and did not pay much attention to it until it became very painful, when he sought advice from the family physician; and, treatment failing to check the condition, he came into my clinic at the General Hospital.

I found a large purulent ulcer of the serpiginous type. The condition was so typical that I immediately classed it as an ulcer due to pneumococcus infection and prescribed antiseptics and cauterization of the ulcer, thus you will notice departing from my rule of having a culture taken before starting treatment. The ulcer continued to spread rapidly, so that in 48 hours I felt there must be something lacking either or