

suggestive of the appearance, if not of the pathological condition of the palpebral conjunctiva. In order to treat these cases successfully, I find it of the utmost importance to secure, at the outset, perfect control over the patient. I never take charge of a case unless it is distinctly understood that the patient must not only be regular in his daily or semi-daily attendance, but that he must continue the attendance four, eight, or twelve weeks, according to the length of time that the treatment will probably require. In cases where the surgeon fails to secure this control over the patient, the treatment usually ends in disappointment to both.

The local treatment is that of *stimulation*. Absorption is most active when the palpebral conjunctiva is kept in a constant state of hyperæmia. We stimulate without cauterizing, and take care not to irritate the sensitive ocular conjunctiva. Moist heat, applied externally to the eyelids, is a very good method of indirectly stimulating the palpebral conjunctiva. I have never been able to carry out the experiment, but I doubt not that some of these cases might be cured by the stimulus of hot water alone. In one case there was also a penetrating ulcer of the cornea, the hot water treatment was used exclusively for two weeks, at the end of which time the ulcer was nearly healed, and the condition of the palpebral conjunctiva very much improved. We endeavour to keep up a pretty uniform condition of hyperæmia of the palpebral, without irritating or stimulating the ocular conjunctiva. The lid should be well everted, morning and evening, and a stimulating (not a cauterizing) application made to the palpebral conjunctiva. The exposed palpebral conjunctiva is immediately bathed with warm water, using either a soft brush or a small syringe. This bathing removes any excess of the stimulating application, and thus saves the cornea and ocular conjunctiva from irritation. Between the applications, the eyelids are bathed once or twice with warm, almost hot, water. In cases immediately following the catarrhal inflammation, the treatment is commenced with a ten-grain solution of nitrate of silver, and the strength is gradually increased to twenty grains. In chronic cases, where the lid is thick, and the "granulations" prominent,