

thickening is chiefly caused by an inflammatory hypertrophy of the normal papillae of the conjunctiva and frequently the heavy lid acquires by its very weight a characteristic droop.

The subjective symptoms, too, are very marked: the patient is acutely uncomfortable by day or night: his eyes run constantly and feel as though filled with sand, while he goes about with bent head and half closed lids to avoid the intense photophobia. Often he is entirely incapacitated from work of any sort. An acute conjunctivitis tends to run a course of a week or two and then get well; not so with trachoma.

Week after week, month after month, and sometimes year after year, the same symptoms continue. As the lids are turned from time to time, it can be seen that the papillary hypertrophy is gradually being replaced by scar tissue and, as this process extends, the symptoms gradually subside. Finally, in the most favorable cases the conjunctiva of the upper lid is entirely replaced by a thin, white, smooth cicatricial membrane. This is the ideal result in any case of true trachoma and the patient is considered as functionally cured. Unfortunately, however, this does not happen in every case. Whether aggravated by filth or neglect or over-treatment, areas of active hypertrophy are commonly seen alternating with areas of scar tissue in various stages of contraction. The course of the disease is prolonged materially and the final result is not a smooth, thin scar, but a ribbed irregular one which entails on the patient for the rest of his life a series of characteristic sequelae. Through this action the lid becomes gradually incurved till, in exaggerated cases, the eyelashes are turned directly against the cornea and, on everting the lid, a pronounced angle or furrow is seen parallel to the lid margin. This in-turning of the lashes is called *trichiasis* and of the lid itself *entropion*. The conjunctiva of the globe and especially the outer layer of the cornea, which is conjunctival in its structure, are exposed to continuous friction from the rough and incurved lid, which very commonly results in a constant succession of corneal ulcers, with all the misery they cause. Less often a condition of *pannus* results, in which the corneal epithelium reverts to its