

heals with a deposit of scar tissue and great care is necessary to prevent the formation of permanent adhesions. Operation is urged on parents as a radical means of removing permanently, at one time, a dangerous infection, and appeals to an instinct said to be characteristically American; but, in our public practice at least, the pressure for room is so great that these children are rarely kept in the hospital more than a day or two, and sometimes not at all. In all the cases permanent scars are left, and in many, permanent adhesions of the conjunctival folds, in which sometimes a whole row of vesicles develop, so that it is possible to pick out the children who have been operated upon by the characteristic deformities left behind. Moreover, the operation is not final, for it only removes the adenoids which are large enough to be caught by the rolls and leaves behind a mass of minute ones which eventually become enlarged in their turn. I have seen child after child who gave a history of being operated on every year for two or three years, and still had a mass of frog spawn granulations. Even after operation, the child must be subjected to about the same local treatment that would have been curative had the operation been omitted. There is another fact that is very often lost sight of when considering the advisability of operation. These children are invariably of the strumous lymphatic type in which there is a small percentage of sudden death from anesthesia alone. Here in New York the season for harvesting the annual crop of adenoids is marked by some known and some suppressed fatalities from "status lymphaticus." This is a chance which must be taken in operations which are imperative, but it is a most distressing occurrence whether in public or private, and when it occurs in the performance of a trivial operation which might have been avoided, it is doubly lamentable.

I have endeavored to demonstrate to you that real trachoma is comparatively rare in school children, but that when present it is a dangerous infectious disease against which no measures of isolation and no rigors of treatment are too severe. Follicular pseudo-trachoma, on the contrary, is very common in school children, is not contagious, except possibly when complicated