might perhaps be classed under the above heading, but as it presents certain features which give it clinically a place by itself, it is usual not to include it in the category of corneal ulcers. Here is a case in point—a little boy aged 4, who has been complaining of his eyes for a month. He has a single, small, circumscribed ulcer occupying the lower-outer quadrant of the left cornea. Its edges and bottom are gray and infiltrated, and there is a prolongation of the infiltration outwards towards the periphery of the cornea. He has a sero-mucous discharge from his left nostril and his upper lip and left side of the face are swollen and dotted over with eczematous pustules. Most observers glancing at him would say, at first sight, that he has phlyctenular keratitis. On the other hand he has not and never has had marked photophobia, but sits upright and stares about the room. It is evident that he has not had that blepharospasm which leads the child with phlyctenular disease to bury his face on his mother's shoulder or to hide himself in some dark corner away from the light. Again, he has no traces of eczema behind the ears, at the corners of the mouth or about the alae nasi—as is often the case in true phlyctenular keratitis. The pustular eruptions on the face are the result of irritation produced by the continual discharge of tears over the cheek. In this respect and in the discharge from the nose the case does resemble the conditions present in corneal phlyctenulæ.

Using parallel columns one might contrast phlyctenular ulcer with the simple form.

Phlyctenular Keratitis.		*Simple Ulcer.*
Results of bursting of a corneal pustule.	Pathology.	Infection of a corneal scratch or other wound.
Poor.	Health of patient.	Maybe very good.
Disease of childhood.	Age.	Usually found in adults.
Almost always multiple.	Number.	Almost always single
Very marked.	Photophobia and spasms of the lids.	Often not marked.
Usually present about head and face.	Eczema.	Usually absent.
Begins as a pustule.	Origin.	An ulcer *ab initio*.

But it does not often happen that we are called upon to differentiate the solitary phlyctenula from the simple ulcer occurring in a child. Indeed the latter will almost invariably be found in *men* who pursue an active outside life. The genesis of the disease depends upon this, for in the majority of instances an ulcerated cornea begins by the removal of the protecting epithelium. This is followed by infection of the denuded spot by micro-organisms. These multiply and form a nest, whose sides and bottom are those of the ulcer. Abrasions of the cornea occur frequently with most of us and unless infection follows the trauma it is soon forgotten. Every time a foreign body enters the conjunctival sac every time a grain of coal, a spec of dust, or a piece of metal "gets into the eye" it may scratch the corneal epithelium and expose the individual to the discomfort and dangers of ulcer. If the person injured in this slight and insignificant manner have any purulent discharge about his person, if he be a sufferer from certain germ supplying affections in the immediate vicinity of the wound (such, for example, as blepharitis marginalis, the various forms of conjunctivitis, trachoma, nasal diseases, particularly ozæna, etc.) inoculation of the wound may follow and an ulcer form. Or he may convey to the abrasion from a soiled handkerchief, or from his hands some of those organisms that supply infection in other suppurations. Finally germs may float in from the air or they may be imported by the agent that first inflicted the wound.

Simple Ulcer of the cornea, then, as opposed to the virulent spreading variety, may be described as a small, generally single, generally central lesion with infiltrated edges and of a grayish white appearance. It does not tend to spread to any extent although the infiltration of its edges may become more evident. There is always more or less pericorneal conjestion, though in some cases, where the ulcer is indolent, this sign may not be very well marked. We have a typical case here, a laborer, aged 28, who was injured a few weeks ago by