

a rapid increase of the redness of the conjunctiva with moderate swelling and an occasional superficial false membrane formation so that at the crisis of the disease a profuse watery secretion containing a few purulent particles may be emitted between the lids and a marked redness of the bulbar conjunctiva be present, with an occasional phlyctenular formation at the limbus. One may occasionally notice tiny hæmorrhages in the bulbar conjunctiva particularly in that portion covered by the upper lid; these hæmorrhages assume a yellowish red colour and disappear during the process of resolution of the disease. This picture may pursue a critical course and the rapid disappearance of symptoms may follow in a short time after the crisis when the exciting cocci will disappear rapidly; the so-called Xerosis bacillus and the staphylococcus alone remaining. This condition is frequently noted in the new-born.

While a very similar picture of acute inflammation may be produced by the Koch-Weeks bacillus yet the critical course of the disease with sudden resolution and the arrest of symptoms independent of steady treatment of the conjunctiva characterises the pneumococcus as the responsible exciting agent. The very frequent association of a distinct coryza is not characteristic in a Koch-Weeks bacillus infection to the same extent. If we are to accept typical cases of the disease, these appear to run more in epidemics than as isolated cases.

Instances have been remarked where children have seemed to be selected in an outbreak of the disease although adults exposed to precisely the same degree of contamination have escaped. These outbreaks, so frequently observed in epidemic form among children, do not appear to have been noticed among adults unlike the Koch-Weeks inflammation, only isolated cases appearing as a general rule. An outbreak in adults, if we are to regard it as such, is generally of a very mild nature compared to that seen in children and can hardly be considered as an epidemic contrasted with the epidemics of Koch-Weeks conjunctivitis. It is consequently quite possible that in a large proportion of adults the conjunctiva possesses a certain power of resistance to the pneumococcus not found in children.

I have already remarked that a light superficial false membrane may be formed on the palpebral conjunctiva; some types occasionally are more severe and may simulate the croupous or diphtheritic forms. An iritis may be produced by resorption of the toxins of the pneumococcus without there being of necessity a corneal involvement. Gasparrini, whose cases appear to have been particularly severe, as well as Rymowitsch, has remarked upon this fact. This iritis may remain after all the indications of the conjunctivitis have subsided.