

III. PHLYCTENULAR OPHTHALMIA.—During the last fifteen years, fully 1,000 cases of phlyctenular ophthalmia have been either directly or indirectly under my treatment, and as the results, upon the whole, have been most satisfactory, I trust that an outline of the treatment pursued will prove interesting and suggestive, both to the general practitioner and specialist.

The frequency with which these cases occur in practice may be inferred from the fact, that at the Toronto Eye and Ear Infirmary, out of a total of 1,957 eye cases, the large number of 315, or over 16 per cent., were cases of phlyctenular inflammation of the conjunctiva or cornea. Among children, this percentage of phlyctenular disease is much higher; of all the children in attendance at the Infirmary for eye disease, about 35 per cent. were suffering from some form of phlyctenular ophthalmia. Out of a total of 330 cases of eye disease among children under fifteen years of age, 118 were cases of phlyctenular ophthalmia. And of all cases of conjunctival and corneal disease among children, probably not less than four-fifths are of a phlyctenular character.

This disease has been called pustular and scrofulous ophthalmia. The prominent symptoms are photophobia and lachrymation; the former is frequently excessive, and the latter is usually profuse. In children, there is also in many cases excoriation or eczema of the integument of the lower eyelid and face, and the nasal mucous membrane is frequently affected also. With regard to photophobia, my experience is that it is associated almost exclusively with irritation of the conjunctiva or cornea, and never with disease of the retina or choroid. I make this remark in passing, as I not infrequently hear an opposite opinion expressed by some of the best physicians. Photophobia and lachrymation may be caused by irritation arising from mechanical and chemical injuries, or by the presence of inverted ciliae or other foreign bodies; but in all other cases these symptoms are caused, almost exclusively, by phlyctenular disease.

In the general treatment of phlyctenular ophthalmia, it is not necessary at the outset to make any distinction between phlyctenular conjunctivitis and phlyctenular keratitis. The