

us would cause intolerable annoyance, but to which these children have apparently acquired a complete immunity. Underfed, anemic and often overworked, at the age when glandular enlargements are common in all parts of the body, one can pick these children out by their general appearance without looking at their eyes. They are exactly the type of children who have enlarged tonsils and adenoids, enlarged glands in the neck and axilla and groins, and our follicular trachoma may, for all practical purposes, be called "conjunctival adenoids."

There is absolutely no proof of contagion in these cases, except that it often involves several in the same family and is common in crowded districts. Fuohs, sanest of ophthalmologists, says "It is not yet certain whether follicular catarrh is propagated by infection, like trachoma, or is merely the result of the contamination of the air by dust, exhalations and the like. On the other hand, it is quite satisfactorily established that, under certain circumstances, follicular catarrh can arise without any infection whatever; but trachoma can never originate without infection. A further and more important distinction between the two is the course. Follicular catarrh is not associated, or only to an inconsiderable extent, with papillary hypertrophy of the conjunctiva; it never leads to shrinking of the conjunctiva or pannus or any of the other sequelæ. It is a disease perfectly devoid of danger and one which, without any treatment, finally gets well and leaves no trace behind. The question with regard to the relation of the different forms of blenorrhœa trachoma and follicular conjunctivitis to each other will first receive a definition solution through the medium of bacteriology." Greefe's recent studies have possibly put the differential diagnosis on a scientific basis and we may soon hope for a simple and practical microscopic technique. So far, at least, the trachoma bodies have not been found in the type of disease presented by our school children.

Clinically, we can make some very safe and practical rules. True trachoma is always characterized by distinct papillary hypertrophy of the conjunctiva, followed by distinct scarring, and any patient who manifests either of these symptoms should