

latory apparatus is taxed to the utmost: first, that of the conjunctival membrane, then the peculiar circulation of the cartilage shares in the excitement, all the vessels are greatly distended with blood, and the ampullæ of the cartilage participates in the congestion, and may ultimately become thickened and diseased to a great extent, forming the appearance called granulations; these enlarged ampullæ are also covered with a thickened and hypertrophied mucous membrane, and are the cause which produces the irritation of the globe, so constantly evinced in the disease. A similar condition of disease has been observed in some varieties of laryngitis, where the cartilaginous structure is covered with mucous membrane, and takes on a very similar granulated appearance.

When examining these patients, if we evert the lids, we observe a morbid structure bearing the external appearance of a granulating ulcer, but these elevations are infinitely more firm; suffice it to show that the smooth, delicate, lining membrane of the lids, is thus morbidly changed in character, to enable us to comprehend the effect which such a state of things must produce upon the globe. The constant friction and irritation of these elevations cause the vessels of the conjunctiva to become enlarged and to carry red blood. The portion of the membrane thus acted upon, covering the globe, becomes evidently thickened, the conjunctival vessels first carry a more dense fluid than usual, when the cornea takes on a hazy look, not unlike ground glass. Should the irritation continue, red blood may be seen traversing these delicate vessels, which for the most part take their course in straight lines, like rays from the circumference almost to the centre of the cornea, occasionally the proper substance of the cornea participates in the disease, and we observe coagulable lymph deposited in its structure—then we see also the deep pink vessels, and hear the individuals complain of pain in the brow. That opacity may sometimes result from congestion of the conjunctival circulation is certain; but it is not very frequent or enduring in this disease, and always appears as a thin superficial scum on the surface of the cornea. As the complaint progresses, we may have superficial ulceration of the conjunctiva, as is known by its thin transparent character, appearing as though a piece had been cut out of its surface. This, when confined to the mucous membrane, often heals without leaving any opacity behind it. If the ulceration continues, it penetrates the layers of the cornea, opens up the anterior chamber, and permits the escape of more or less humours of the eye, causing derangement or destruction of the organ. Fortunately these extreme results of this disease are not very frequent; for I have seen persons who have laboured under this complaint for seven or eight years, in whom the corneal opacity was by no means extreme.