INTRODUCTION
Phlyctenule (Flik-ten-ul) G. Phlyctena =
blist-er-vesicle.

Phlyctenular Keratoconjunctivitis (Phlyctenulosis)
has been know from very old time. Hippocrates (39) named
it, but word phlycten (=vesicle) is really misnomer
because lesion is not a vesicle but solid nodule.

Crude description of it are to be found in Greek
and Arabic literature. Saint Yues (1972) seems to be
first to define the nodular conjunctivitis with
characteristics of disease in his text book. Wardrop
(1809) depicted the clinical appearance of disease in
one of his plate "Essay on morbit anatomy of the human
eye".

It has been known under a wide variety of names.
These includes on one hand, those referable to the cornea,
such as scrofulous keratitis, impetigo keratitis,
eczematic keratitis, and struma keratitis; and on
other hand, those referable the conjunctiva - conjunctiv-
itis-lymphatif conjunctivitis scrofulosa-phlyctenulosa-
pustulosa-exanthemativa, and herpes conjunctivae.

Of all these names "Eczematous keratitis" or
"Eczematous conjunctivitis" and phlyctinal keratitis
or "Phlyctenular ophthalmia have been used most commonly".
Yuchs popularized the term "conjunctivitis ecematosa" in his textbook but considering all these names for phlyctenule the term "phlyctenular keratoconjunctivitis" or "phlyctenular ophthalmia" would seem to be more appropriate.

It has been defined as a characteristic nodular affection as an allergic response by the cornea and conjunctival epithelium to some endogenous toxin to which it has become sensitized.

A pseudophlyctenulosis of tropical countries has been described which preponderantly affects adults over 20 years of age, occurs in males more frequently than females without seasonal incidence and is even acute in its clinical manifestations. It has been described in India (Herbert, 1898); Egypt (Alliah, 1935); China (Wang, 1934, Kwan, 1938); Japan (Kuboki, 1924, Kyo Yah, 1934). Pathologically epitheloid cells are said to predominate (Sia-Boon-Lian, 1930; Wang, 1934). Whether or not this is separate entity is not clear.

The occurrence of phlyctenulosis is world wide. Most commonly found in young, in first and second decade of life. Peak period are between the age of 3 and 15 (Guttman, 1998; Krasso, 1925; Grunholz, 1928; Releff, 1931; Essen Moller, 1936; Sorsby, 1942; Mathian, 1947),
but disease may occur before age of 3 years and after 60 years of age. There is a higher incidence (60-70%) in girls than boys (Cervill, 1929; Weckers, 1929; Sorsby, 1942) in most countries. A seasonal incidence with preference for spring rather than late autumn and winter (Sorsby, 1942).

It present clinically as pinkish white nodule in the midst of hyperemic area in conjunctiva. But when involves the cornea, it may develop in the cornea de nova or may spread to this tissue from conjunctiva.

Many aetiological factors have been stated of which tubercular protein, as an endogenous toxin, is accepted by many observers. Though there has not been still any demonstration of tubercular bacterium in the lesion.

Other aetiological factors stated are:

- **Nutritional deficiency** - Excess of starch food (Ramsay, 1133), vitamins deficiency (Lewenstein, 1925; Papagno, 1935; Foster, 1936).

- Focal sepsis as enlarged and septic tonsils (Nelson, 1923; Esche Duval, 1934; Gotzdin, 1936; Magital elalca, 1936; Sargeson, 1939).

- Pediculosis capitis (Thiemy, 1937).

- Endocrine disturbance (Pagnari and Gennaro, 1929; Rosolen, 1934).
Helminthiasis (Lawrell, 1926; Jaffery, 1955).

Experimentally some has tried to produce phlycten with the extract of cell wall of staphylococcus and claimed it to be as an aetiological factor. Similarly other protein or protein fraction were used to obtain phlycten eg. Horse serum.

Though workers stated the various aetiological factors, association with tubercular protein as endogenous factor has wide acceptance, but aetiology of phlycten is still disputed.
AIMS OF STUDY:

Phlyctenulosis being a non-specific condition has disputed etiology presents differently in Tropical Countries from temperate countries.

Present study has been undertaken keeping following in the view.

1. Age and sex distribution.
2. To know the monthly/seasonal occurrence of disease.
3. Socio-economic status and phlyctenulosis.
5. Tuberculin (Mantoux Test) positivity in phlyctenular.
6. Association of intestinal worm infestation (Helminthiasis).

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