

find the flat, ribbon-like spirochætes when they are present. I think you will find yourself well repaid by trying this method and it is almost as accurate as the dark stage, although one must admit that in the use of the India ink method you have no chance of seeing the living spirochæte move, and that is of course, a strong point in favour of the dark stage. Yet you will find the results by both methods excellent.

#### FIVE CASES OF TUBERCULOSIS OF THE EYE.

R. A. KERRY, M.D. read the report of these cases and the result of treatment by the injection of iodoform.

J. W. STIRLING, M.D.—Dr. Kerry's contribution to the treatment of cases of tuberculosis of the eye is interesting. I have not had much experience in the use of iodoform. It is a comparatively limited number of years since the diagnosis of tuberculosis in the eye has attained any prominence, but during the two past years its presence has been very frequently detected, in fact, 50 per cent of the cases of uvetis and scleritis have been traced to it. The treatment is a matter of import. In some of the cases which I have had we have used the injections of the bacillary emulsion or tuberculin, the treatment spreading over a more or less lengthy period with a result that possibly might be claimed as good in that the disease was apparently stopped for the time being. One point about these tubercular lesions is that they frequently tend to recur, in one of my own cases after two years. In the most of my cases I have limited myself to the installation of atropine and the administration of the syrup of the iodide of iron, with the result that after varying periods they came to rest very much in the same manner as Dr. Kerry reports under the treatment by iodoform. The question always arises in these cases as to the permanency of the cure and if the iodoform gives a permanent cure so much the better. Under general tonic treatment we get a certain period of rest, but I am always watching for recurrences. The reaction following injections is against its general use in eye cases. In lung cases, the slight local reaction following the injection of tuberculin is of but little import, whereas a local reaction in the eye may cause further marked deterioration of vision.

DR. GURD:—I would like to confirm what Dr. Kerry has said with regard to the case which came under my care, the eye was given the iodoform treatment and she is perfectly well now.

GEO. H. MATTHEWSON, M.D.—At the Massachusetts Eye and Ear Infirmary in Boston they take it for granted that nearly all their cases of scleritis and a great many of their corneal conditions are tubercular. The therapeutic measure they employ there is the injection of tuberculin, giving small doses so that there will be no reaction in the eye. I have seen some excellent results there under this treatment.