

culosis and yet on post mortem examination you would see nodules or tubercular lesions of the lung. It was not trying to show that the ophthalmic reaction was specific. He was just giving the results of his experiments. He had tried it in many cases where there was no reaction at all.

Dr. Nichols—"As has been remarked, very likely Calmet does not know the limitations of this test and it is proper for us all here to make this test and observe as closely as possible and try and find the precise limitations of it. If it should come in and we are able to spot those obscure cases of tuberculosis, it would be of great material assistance to us. Dr. Lachance should be commended for bringing these cases here."

Dr. MacKay wished to know if one could get a reaction in an apparently cured case of tuberculosis.

Dr. Lachance thought that so long as the blood kept the power of reacting against the toxin or tubercular infection, they were liable to have a reaction. If there was no reaction it was because there was no infection or because the blood had lost its reacting power. The experiments he had tried warranted that conclusion, he thought, but further tests would prove that. He did not know what the result would be in a case of cured tuberculosis. They never knew when tuberculosis was absolutely cured.

Dr. Richardson wished to know the merits of the Parke-Davis tuberculine. Dr. Lachance had not used it.

Dr. Sharpe stated that the tabloids would be on the market shortly and that according to a report in the Therapeutic Gazette of December, good results had been obtained. There was a report in The Lancet about the third week in December covering the question asked by Dr. MacKay. The conclusions of the tests seemed very favorable to him on the whole.

Dr. Rorke remarked that Sigismund Cohn, an experimenter in Berlin, had a series of 300 cases. He divided the tubercular stages and found the results fairly satisfactory in about 85 per cent. of the first and second stages, but in the third stage it was found pretty unreliable. It seemed to be fairly prevalent in cases of convalescence from typhoid fever. There was no explanation given why this should be.

NOTE.—Fritz Louy, of Berlin, has found that in cases where the ophthalmic reaction had been repeated several times in a few weeks, he got a positive reaction in non-tubercular cases, that is to say, if test right eye then left and on going back to right eye again reaction frequently positive in healthy individuals.

Dr. Lachance said that in case of a third stage he had been unable to secure any reaction whatever. The test did not affect the general health in any way.