

rendered miserable by frequency of micturition, a few injections have restored the bladder to normal order. In others, pus has been reduced, and tubercle bacilli have disappeared.

Dr. Philip has tried various tuberculins, Koch's original tuberculin, Koch's T. R., and more recently Béraneck's, and he has been very much impressed with the advantages of the last. He always begins with minute doses, for instance, of Koch's old tuberculin, 1-10,000 gram, of Beraneck's 1-10 cbc of a 1 to 100,000 solution. Dilutions are made with normal saline. Injections are repeated at intervals of from three to fourteen days, according to the nature of the case and the reaction. In many cases the daily estimation of the opsonic index has been made, but Philip does not consider this necessary, but that the dose can be regulated fully as well by clinical evidence, such as the temperature and general condition of the patient. It is especially necessary to begin with small doses when the surgical lesion is internal or associated with visceral tuberculosis.

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The Conjunctival Tuberculin Reaction. F. Smithies and R. E. Walker, Ann Arbor (Journal of the American Medical Association, January 2), have studied the conjunctival tuberculin reaction, with special reference to its safety and reliability, reviewing the facts as reported by others and giving their own observations. They point out the necessity for accurate records to obtain the best results; of using a proper preparation, of careful examination of cases before using the test, and of due protection of the eye from injury or irritation after it has been applied. Their conclusions are summed up substantially as follows: The conjunctival test, used as directed by Calmette and others, is

convenient, rapid and inexpensive; can be used in febrile cases, is practically harmless when properly carried out and controlled, and, in the hands of the general practitioner, is as dependable as any other form of tuberculin test. It should not be used in patients presenting diseases of the eye other than simple conjunctivitis. Second instillations should be made in the opposite eye. Evidence furnished by this is dubious after the tenth day, if the suspected focus is not examined. Care should be taken to eliminate recent typhoid, colon infections, syphilis and acute infections such as diphtheria, sepsis and scarlet fever, and articular rheumatism. Patients who are receiving tuberculin subcutaneously for therapeutic or diagnostic purposes may be expected to react, frequently without regard to any active tuberculous foci. Prompt positive reaction generally means an active focus with good systemic resistance, especially in early cases. Delayed response, with feeble ocular changes, may be considered as of bad prognostic significance in both early and late cases. Severe conjunctival disturbances may result from reinstillation into the same eye, particularly in tuberculous individuals, and after the tenth day in others. Sensitization of the conjunctiva may persist for months and reinstillation give rise to violent reaction. This may be aggravated by synchronous or subsequent subcutaneous use of tuberculin.

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A Diphtheria Epidemic. In the Journal of the American Medical Association for February 6th Jessie W. Fisher gives the history of an epidemic of diphtheria in the Connecticut Hospital for the Insane, from April, 1907 to May, 1908. There were 92 cases altogether, 57 of them in employes and 35 insane patients.