

both were doubtful. Ninety-three cases are subdivided clinically as follows:—43 cases of phlyctenular disease, 38 reacted and 5 did not; 16 cases of relapsing sclero-keratitis, all positive; 16 cases of scleritis, 13 positive, 2 negative, 1 doubtful; 9 cases of anterior uveitis, all reacted positively. Of 3 cases of interstitial keratitis 2 were positive; the third case had previously reacted to tuberculin for pulmonary tuberculosis. In 4 cases with vitreous opacities and cloudiness in the lens, 1 was positive, 2 negative, and 1 doubtful. A case of tuberculosis of the conjunctiva gave positive result. The ophthalmo-tuberculin caused the writer some trouble and anxiety in more than one instance. In his hands the cutaneous test has been the more sensitive and no untoward results have followed its use.

In regard to treatment of tuberculous eye lesions Derby is most emphatic in recommending the strictest regimen regarding general hygiene. The patient should be placed in the best possible surroundings and encouraged to the utmost in assisting in his own recovery. The employment of tuberculin should be begun most carefully, starting with an initial dose of 1-100,000 mg. which may be gradually increased once a week until frequently several milligrammes in the author's opinion may be tolerated. Derby concludes his very carefully prepared and interesting contribution by remarking that his observations on the use of tuberculin in some 30 cases have not convinced him of its therapeutic value. Neither has it appeared to do harm when proper precautions have been observed. He is still using it and he expects to continue to do so. On the other hand, it has been evident that careful and scientific building up of the patient does good, and under it and appropriate local measures these patients get well, unless the disease has progressed too far before treatment has been instituted.

F. T. T.

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MONTREAL MEDICO-CHIRURGICAL SOCIETY.

At the Annual Meeting of this Society the following officers were elected for the ensuing year:

President:—Dr. W. Grant Stewart.

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Treasurer:—Dr. R. P. Campbell.

Secretary:—Dr. S. Hanford McKee.

Council:—Dr. W. F. Hamilton.