

to engage the attention of the medical profession until some definite decision in the matter has been reached or some advance is made in the present anomalous condition of affairs. There seems to be a revival of interest in the matter and we shall publish in our next issue communications along these lines from representative men in the different provinces. Drs. Roddick of Montreal, Stewart Skinner of St. John, Lafferty of Calgary and Spankie of Wolfe Island, Ont., have already promised contributions.

CALMETTE'S OPHTHALMO-REACTION.

THE ophthalmic-reaction of Prof. Calmette, on which this issue of the *Quarterly* gives an excellent article, we cannot but regard hopefully, as promising a valuable aid in the early diagnosis of tuberculosis. That it may be tested carefully and fully, and its merits and shortcomings ascertained, is the wish of all, but we must not be too sanguine or make unwarranted conclusions. Already there has been sounded a note of warning to the profession against accepting too readily so-called 'reactions' as indubitable proof of tuberculosis.

The very simplicity of the method of applying the test may lead to its indiscriminate use, and very easily be productive of misleading reports, if all users are not thoroughly cognizant of what constitutes a 'reaction.' Clinical methods of undoubted utility have in the past fallen into disrepute for similar reasons.

Roseneau and Anderson, in the *Journal of A. M. A.*, Mar. 21, 1908, draw attention to the sensitizing action of an instillation of tuberculin on the conjunctiva, so that a second instillation in the same eye is followed by a reaction even in the case of a normal individual.

The 'typical' reaction appears in from 3 to 12 hours after instillation—sometimes as late as 24 or even 48 hours. The condition is practically that of 'pink eye,' and begins at the caruncle, spreading out towards the limbus of the cornea. The inferior palpebral conjunctiva is not particularly involved. When in so-called 'mild reactions' it is found markedly injected—more so than the ocular conjunctiva—the condition is a 'traumatic conjunctivitis' and must be distinguished from the typical reaction. Where a slight conjunctival irritation is present in both eyes, an instillation of tuber-