S. H. McKee, M.D.—I would like to congratulate Dr. Kerry upon his series of cases. I had no idea that tuberculosis of the eye was as common here as it seems to be. In many cases the diagnosis is not an easy matter, and one would have liked to have heard from Dr. Kerry, his means of diagnosis in these cases. The method most in vogue is the sub-cutaneous injection of Koch's tuberculin. With this method, as Axenfeld points out, there are two points to consider, first, will a small lesion in the eye, if it is tubercular, give you a reaction, and again, if you get a reaction, is it due to this tubercular lesion of the eye? I do not think that either of these points can be decided upon until there has been considerably more work done in this comparatively new field. The diagnosis in many cases depends upon the histiological picture. Where the uveal tract is involved, and where you have the eye reacting to some irritant, it is necessary if you are to diagnose tuberculosis, to have a definite tubercular picture, that is, a definite tubercle consisting of epitheloid cells with necrosis, and perhaps bacilli. Certainly, necrosis is necessary. I have lately seen in the literature a case of tuberculous iridocylitis reported where it is stated the diagnosis of tuberculosis was made from the histological examination, and where in the description of the histological picture, it says distinctly there was no necrosis seen. I only mention this to show how error may creep in, and how easy it is to say that the case is tuberculous because of the presence of giant cells. I may say that I have had no experience in treating tuberculosis of the eye. The method which seems at the present time to be giving most satisfaction in the European clinics is that of von Hippel. He uses the injection of new tuberculin in very small doses, 1/500 of a mg. This is given every second day and increased at each injection, but always stopping before 1/50 of a mg is given, and never increasing the dose if there is any severe reaction.