

seem to signify healed tubercular processes: (1) Thickening of the pleura, with subjacent induration of the lung tissue. (2) A puckered cicatrix at the apex, depressing the pleura, which here may or may not be thickened. (3) Puckered cicatrices, with a cheesy or cretaceous central nodule, and with scattered tubercles in the vicinity. (4) Quiescent cavities surrounded by fibroid tissue and communicating with bronchi. Osler reviewed the records of one thousand post-mortem examinations in reference to this question. In 216 cases death was caused by pulmonary tuberculosis. Among the remaining 784 cases, 59 were persons dying of other diseases, who presented undoubted tubercular lesions in the lungs. In 27 per cent., in 400 bodies, Bollinger found evidence of the healing of tubercular lesions in the lungs. He had heard the statement in Paris, that of the bodies examined in the morgue, the majority of which are of suicides or persons accidentally killed, nearly 75 per cent. present evidences of old tubercular lesions. We may say that in one-fourth of all persons infected the disease is never manifest, but remains local, and the lesions gradually heal. In another fourth of those attacked local signs developed, but the physiological resistance of the tissues is sufficient to arrest the process. The remaining 50 per cent. of those infected fight for months and years, losing battles until the final defeat comes. Once infection has occurred, the chief indication is to place the person in surroundings favourable to the maintenance of the maximum degree of nutrition. The influence of environment has never been better illustrated than by Trudeau's experiment. Inoculated rabbits confined in a dark, damp place rapidly succumbed, whilst others, allowed to roam at large, either recovered or had slight lesions. The very essence of the climatic treatment of tuberculosis is improved nutrition by change of environment. Fresh air and sunshine are the essentials, with which in comparison altitude is of secondary importance.—*Climatologist*, April, 1892.

Injections of Testicle Juice in Tuberculosis.—Espagne and Pourquier (*Nouv. Montpellier Méd.*, June 4, 1892) have tried hypodermic injections of testicle juice in a case of pulmonary tuberculosis. The patient was a girl, aged 18, without known hereditary antecedents, but of lymphatic temperament. There was harsh breathing nearly all over the chest, and dry crackling at both apices, especially on the left side and at the back. The girl suffered from amenorrhœa and profuse night-sweats, and was wasting steadily. The testicle juice was prepared as follows: 50 grammes of testicle substance (from a bull-calf) were macerated for twenty-four hours in 50