

tains 96.7 per cent. of iodine, 100 grains; acacia powder, 25 grains; glycerine, 200 minims; carbolic acid, 5 minims; boiled distilled water, 300 minims.

I have employed this method for twelve years, and was induced to make trial of it after reading Krause's monograph upon iodoform in the treatment of tubercular joints. The use of iodoform in tuberculosis of the joints is a well established procedure. So recently as March 10th, 1906, we find an inquiry in the *British Medical Journal*. H. E. L. asks if the injection of iodoform in glycerine into a tubercular knee-joint is sufficiently often beneficial and free from risk to be undertaken. To this the editors reply:

"We have referred this question to Mr. A. H. Tubby, who writes: 'In early cases of tuberculous synovitis in which fair movement is present, and with no backward dislocation, and when the thickening of the synovial membrane does not yield to rest and the application of mercurial ointments, the aseptic injection of sterilized iodoform and glycerine is free from risk and beneficial. About 1 drachm of the emulsion should be injected into various parts of the joint at intervals of three weeks, and the parts kept at rest for three months afterwards.'"

What I will endeavour to show is that this method is efficacious not only in affections of the joints, but in other tubercular conditions as well; that, in addition to the local effect, it has also a constitutional action.

The injection is done under the usual directions for securing anti-sepsis. The vessels holding the emulsion are sterilized by heat, and a syringe with a metal piston is employed, that it, too, may be made surgically clean. The site which I have chosen is the space between the left acromion process and the capsule of the shoulder-joint. The pain of the operation is not long-continued; absorption is slow, and the chance of acute poisoning is small. If the pain be severe, a little morphine may be employed. A rather fine needle is used so that the solution will not ooze out after the point is withdrawn.

After disinfection of the skin over the shoulder joint, a point corresponding to the tubercle on the posterior part of the acromion process is located, and the skin just below it is frozen with ethyl chloride. The needle is inserted close to the bone about half an inch, and the solution slowly injected. It is better to dress the site of the injection with sterilized gauze and a bandage, and then fix the arm to the body with a bandage for two days.

At first as high as forty-eight grains of the solution were given.