

as to unfortunately leave but little room for doubt as to the cause. In the advanced cases, without exception, the symptoms, both general and local, became more marked. Dr. Drasche has good reasons, therefore, for concluding that Kochine is not a cure for phthisis in either its advanced or primary stages.

Bouret and Jeamel* describe a case of quiescent tuberculosis of the right lung in a man, aged 22, which, after a single injection of 0.001 of the fluid, was followed by severe and repeated hæmoptysis. Death took place twelve days after the injection. At the post mortem several fresh pneumonic infiltrations were found in the right lung, the central portions of which were broken down (*broncho-pneumonia gangrenosa*). In one of these cavities a considerable quantity of fresh blood was found, and this was, according to the authors, the origin of the hæmoptysis. In the bases of both lungs, and throughout the entire extent of the left lung, there was found numerous submiliary tubercles. Besides the above reported cases, numerous others might be cited, showing the untoward effects of this powerful agent.

On the other side we have the evidence of very able and competent observers, pointing out the value of Koch's liquid. Neisser, Ziemssen, Esmarch, Sonnenburg, and many others have adduced evidence which at least goes to show that the remedy is not without a marked beneficial influence in some cases. It is questionable whether an actual cure has been proven, even in lupus cases. Both Hutchinson and Kaposi are doubtful on this point. We will, therefore, have to wait for some time before coming to any definite conclusions as to the value of this agent.

No one can, however, read an account of recent experiences without feeling the great responsibility assumed, when any patient, even a lupus case, is advised to submit to this treatment.

* La Semaine Medical, No. 4, 1891.