in attaching itself to tubercular tissue generally this quality has been proved by no means invariable, for records are given where no reaction took place in the presence of undoubted pulmonary tubercle after injection of from 1 to 10 milligrams. Again fatal result has followed in some few instances from a minimum dose, where the case was supposed to be incipient phthisis but where the autopsy revealed unsuspected deep-seated cavities. Of the half dozen post-mortems witnessed by me in Europe after this treatment in every case the condition of the lungs was found to be such as would not warrant us giving the remedy in our present knowledge of its effects. In every case the tissues were either permeated generally by large tubercular deposits, some caseous, others softened into areas of pus, or the presence of cavities large and small have determined the fatal issue. Another factor very evident was the frequency in these cases of great emaciation and debility, such as would deter a cautious man from applying so powerful a remedy in even the smallest doses. The intravenous method of injecting the lymph as tried by Barcille in Italy, and which produced reaction when the hypodermic method failed, has not been done to any extent in Berlin, London, or Paris. As bearing on diagnostic value I will furnish the outline of a case treated in in Berlin. It was believed by the hospital surgeons to be cancer of soft palate, pharynx and tonsils. An injection was given experimentally with no expectation of reaction, but contrary to the accepted views a severe reaction followed. The affected parts within sight became swollen and quite red from congestion. In two days a sloughing condition presented itself over same surface which sloughs were in time expectorated, leaving red glazed patches behind, and in two weeks the throat was practically healed, while patient's health generally was greatly restored.

The latest phase of the Koch treatment is carried out at the hospital in Moabit, a suburb of Berlin. I refer to a few cases where resection of the ribs has been done to permit of cleansing out lung cavities, cauterizing these cavities, and local application of lymph thereto. Prof. Sonnenburg, who has the surgical wards in the Moabit hospitals, gives an elaborate account of these operations in the last *Deutsche Medicinische Wachenschrift* and their results, which are certainly satisfactory up to the present time. For the technique of the operation and the details of the work I would refer those interested to that journal. The surgical skill combined with the precision in medical diagnosis demanded by such operations precludes procedure of this kind outside of large hospital centres, but the Koch treatment outside of this phase of it can be creditably undertaken by the general practitioner who will assume the labor of clinical experience which alone can qualify him.

G. T. ROSS.

# Society Proceedings.

## MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, November 7th,* 1890.

F. J. SHEPHERD, M. D., PRESIDENT, IN THE CHAIR.

Drs. Muirhead and Thompson were elected members of the Society.

*Syphilitic Osteitis.*—Dr. Johnston exhibited specimens of severe condensing osteitis of the skull-cap and tibia, due to syphilis. From the same case, several black pigmental plaques were found situated in the pharnyx on the left side, at the level of the glottis. The mucosa was thickened and deeply pigmented; the submucosa beneath was white, dense and very firm. There was no evidence of scarring or ulceration in the neighborhood. This condition was possibly due also to syphilis.

*Severe Syphilitic Ulceration of the Rectum leading to Perityphlitis.*—Dr. Johnston showed to the Society, from the same case, this very interesting specimen.

Dr. Shepherd, referring to the above specimens, dwelt upon the interest of a case with such widespread lesions, and the possible beneficial results that might have been obtained from antisyphilitic treatment; alluding to the perityphlitis, it was his opinion that an operation would have been justifiable if suppuration had occurred.

*Chronic Gastric Ulcer, Perforation and Fatal Peritonitis.*—Dr. Reddy related the clinical history of the case. The patient, a girl of 20, was acting as wet nurse when she first consulted him a few months ago. She then had symptoms of indigestion, for which pepsin was given. Two days later she felt well, and remained so for the following twelve days. When, apparently, after undue exposure to cold, she was seized with severe abdominal pain, and soon developed all the symptome of an acute peritonitis. Salines were given and hot stupes applied. The pain was relieved, and for some hours the patient appeared much better; when she complained of slight pain in the left hypochondrium, vomited once, and suddenly died, thirty-six hours from the onset of her illness. Dr. Reddy remarked that at no time, during the illness, were there any symptoms pointing to the primary disease. He had since found out that the patient had been under treatment a year ago in the Montreal General Hospital for gastric ulcer. Dwelling upon the obscure symptoms of many of these cases of ulcer of the stomach, he mentioned the case, which had come under his notice, of a nurse who had died suddenly without ever evincing any signs indicating the lesion of the stomach.