

site of disease following subcutaneous administration, I would say that in my experience such a local reaction has been very rarely obtained. In the numerous cases in which I have used tuberculin as a diagnostic agent I have rarely found any inflammatory reaction at the site of the suspected lesion. A further point concerns the question of lactation. It is remarkable that, as Dr. von Eberts says, so many of the cases develop, or become acute, during lactation. Here we have a clear evidence of the ill effect of function upon the tuberculous process, just as clear, for instance, as when we see a latent infection of the knee become an acute one under exercise. There was sent to me some years ago by Dr. Kelly, of Almonte, Ontario, the specimen of a breast, the site of tubercular disease which was as he believed solitary, and primary in that gland. I was able to confirm his clinical diagnosis of primary mammary tuberculosis by microscopical examination. According to the history of the case, the condition became acute in the third week of lactation. It was found out later that she had had a nodule in the breast for some months previously. The removal of the breast cured the patient. There were no points in the history of this case to indicate a tuberculous lesion elsewhere. Tuberculosis of the breast is undoubtedly rare, yet, rare as it is, the necessity of accurate diagnosis is great, because, as Dr. von Eberts says, the treatment must be the same as for cancer in this region.

E. M. VON EBERTS, M.D. With regard to the classification; of course there are a very large number of cases of tuberculosis of the breast recorded, but in the majority there is a history of pre-existing tuberculous disease, and they can not, therefore, be considered primary. The only instance of direct infection which I have included in my series is the case of Pluyette where a wound of the nipple was followed shortly after by tuberculous disease. A similar case of direct infection was reported by Roswell Park.

With regard to the use of tuberculin for diagnostic purposes, I may say that my own experience has necessarily been very limited. What experience I have had has been chiefly in a negative way; that is to say I have administered tuberculin in one or two cases of tumors of the breast (fibromata) which were thought possibly to be of a tuberculous nature, without obtaining a reaction.

#### A CASE OF ANTHRAX.

G. T. STEPHENS, M.D., and O. S. HILLMAN, M.D.

G. GORDON CAMPBELL, M.D. This case came to the dermatological department and made no complaints whatever of being ill; but asked to