

With few exceptions, it appears to necessitate a primary tubercular focus to give rise to it. It is believed that the infective virus, whatever it be, enters the blood-stream at this local focus, and is thence widely disseminated, the resulting growths being for the most part miliary, grey, and translucent; life not, as a rule, being prolonged for a sufficient length of time after the occurrence of the generalisation to permit of the growths becoming confluent or caseous. As the membranes of the brain are generally involved in this widespread infection, death occurs early.

14. Lastly, tuberculosis is inoculable. In this respect it resembles pyæmia, and differs from the cancers; for there is reason to think that it may be and is communicated from one human being to another, *e.g.*, from husband to wife, and *vice versa*; and that it can be inoculated in animals from man (artificial tubercle). There is, further, a possibility, based on certain peculiar morphological resemblances of the formations, that bovine tuberculosis is communicable to man.

15. If the foregoing data be true, it follows that tuberculosis is an infective disease, probably due to the presence of a virus, which gives rise to the development of peculiar tissue-formations, capable of localised or general propagation in the body, and characterised mainly by their tendency to early disintegration.

16. Until the nature of the virus is known, it is impossible to formulate data concerning the conditions under which the disease arises in subjects free from inherited taint.

## ON THE TREATMENT OF SOME FORMS OF PNEUMONIA.

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I wish to draw attention to the remarkable effects produced by the perchloride of iron, combined with hydrocyanic acid, in cases of pneumonia of a low type, especially those due to blood-poisoning. Most practitioners will agree in having seen cases of pneumonia run a course so like, in its general aspect, that of erysipelas as to lead them to imagine that they might be due to a similar cause, taking effect

in the interstitial substance of the lung, instead of in the subcutaneous tissue. I have seen many such, and I have begun to apply a similar treatment, with, as I say, truly marvellous effects. The first case of the kind in which I ventured on this treatment was that of Mrs. G., aged 35, who had double pneumonia, with pleurisy on the right side, in February of last year. When I first saw her, the pulse was 140, the temperature in the axilla 103°, and the sputa of a deep rust colour. I ordered mustard and linseed poultices, and the following mixture: *R* Liquoris ferri perchloridi fort. ʒij: acidi hydrocyanici (Scheele) m. viij; aquam ad ʒviii. *M*. Two tablespoonfuls to be taken every hour, with an intervening teaspoonful of brandy in water. After thirty hours, the pulse had fallen to 100, the temperature to 99°, the sputa were entirely devoid of blood, and the breathing was almost normal. This patient made a rapid recovery.

In the last case of the kind coming under my notice, which occurred last week, the patient seemed to be in a state of collapse, or syncope; the pulse of 144; the breathing in short gasps; the finger-ends, as seen through the nails, or the colour of a thunder-cloud; and both lungs in a state of clog. Delirium also lasted a whole night. She had complained of shortness of breath, and had a phthisical aspect and family history, but had never had any cough until the present time. I ventured upon the same treatment with her; and her pulse is now 96, temperature all but normal, sputa devoid of blood or discolouration of any kind, and she herself anxious to get up.—*British Medical Journal*.

## HYALINE TUBERCLE.

In a lecture on Miliary Tubercle given before the Vienna Medical Society, Dr. Chiari pointed out how considerable has been recent progress in the histology of tubercle, since we now recognise as such not only that which consists exclusively of round cells, large and small, but also miliary tubercles which possess a strongly developed reticulum, in the meshes of which so-called epithelioid cells lie, and also varieties with a distinct fibrous connective tissue. Hence the histological distinction into