

vened, ending in suppuration in August last (1890). Hardness of epididymus and pus discharging sinuses remained. Injected on December 25th dose .002; no reaction. Dec. 27th, injected again dose .004 grm.; slight heaviness and temperature rose to 99°F.; no local reaction. Injections were then abandoned and the testicle removed a few days later. The testicle (shown at the meeting) was literally filled with tubercles, which were pronounced by Dr. Johnston to be not of very recent origin, and not attributable to the injections.

(3) N. B., aged 26. Diagnosis doubtful. Thought to be tubercular disease of the bladder and kidneys in an early stage. Symptoms: frequent and painful micturition; blood in small quantities at end of micturition; urine containing pus in considerable quantities; intense albuminuria; emaciation. Symptoms lasting 2½ years, and coming on as a sequel of posterior gonorrhœa; temperature ranging from 99° to 100°F. before injection. Injected on the 21st of December dose .002; no reaction, general or local. Again on the 22nd, dose .004; no reaction, general or local. Injections discontinued and patient discharged at his own request.

(4) A. M., male, aged 25. Had suffered for five years from bladder irritation, with pus and blood in urine. Never had gonorrhœa. Left testicle had all the characters of tubercular disease of that organ. A nodule had existed in the lower end of the epididymus for more than a year, and a little local suppuration had occurred twice, leaving a sinus which discharged for some time. Sinus was now closed. In September a perineal section had been performed, but had failed to give him relief. On the 1st of November Dr. Bell had opened the bladder above the pubes, and with the aid of the electric light scraped and cauterized several tubercular ulcerations around the neck of the bladder. The bladder wall was found to be studded with tubercles which had not yet broken down. Prompt and satisfactory relief had followed the operation, and the patient's general health had improved greatly. Patient was injected on account of the tubercular testicle and the tubercles known to exist in or beneath the mucous membrane of the bladder. He was injected as follows: Dec. 20th, .001 grm.; slight and general reaction. Dec. 21st, .004 grms.; marked febrile reaction, pain and tenderness in testicle, and increase in pus and albumen in urine. This patient was injected again as follows: Dec. 24th, .006 grms.; Dec. 30th, .008; Jan. 19th ('91), .006. The same symptoms of local and general reaction followed each injection, and after the last injection some blood was found in the urine for the first time since the supra pubic operation, performed on the 1st of November. This patient is enthusiastically hopeful, and has gained three pounds since the treatment began. As his general health has

been steadily improving since the operation on the 1st of November, and no observations as to his weight had been made prior to the use of the parataloid, this slight increase of weight must not be given too much prominence as an evidence of the curative effects of the remedy.

(5) A. D., a little French-Canadian child aged 5 years, suffering from a tubercular knee-joint of eighteen months, standing, but in early and quiescent condition, so that the child could walk almost without a limp, and could extend the leg fully. This little girl had been under observation for eight days before any injections were given her. During this time she was carefully examined and her temperature, which was taken every four hours, was uniformly normal. She was given the first injection 24th of December; dose, .0002 grms.; distinct local and general reaction followed. The knee became red, hot and painful, and increased a quarter of an inch in circumference, while the temperature rose to 101°F., and the child was very drowsy and sick at her stomach. The reaction began about eight hours after the injection, and the temperature had reached the normal again within 24 hours. The knee, however, remained a little tender, and lay in a position of increased flexion. She was injected again as follows: Dec. 28th, .0003; Dec. 31st, .0004; Jan. 8th (1891), .0005; Jan. 14th, .0005; Jan. 19th, .0005 grms.—six injections in all. The same symptoms and local signs followed each of these injections—the knee on one occasion increasing three-eighths of an inch within a few hours, and the highest temperature reached being 103°F. The local manifestations on each occasion subsided a little later, and less decidedly than the constitutional symptoms. At the present time (Jan. 23rd) the knee is half an inch larger than when the first injection was given. The knee is semiflexed, and is painful and tender, so that the child cannot be induced to put the foot to the floor, nor can she allow the leg to be extended. In short, the knee had grown very rapidly worse under the treatment.

In recapitulation, Dr. Bell said that while the first case was beyond all doubt a markedly tubercular child, no reaction had followed the injection. This might be explained, however, by the fact that all the tubercular lesions, with the exception of the right testicle, had been removed. The second case had not reacted, although the testicle, when removed, was filled with tubercles which must have developed within six months. The third case was doubtful, and, although no reaction followed the injections, was probably tubercular. The fourth case showed clearly that a change of some kind had taken place in the diseased organs. The fifth case, however, gave the most undoubted evidence of the power of the parataloid, but this power was shown, so far, not in a curative effect, but the reverse, as the joint disease had been