in an attack of fever, which usually begins with rigors, and raises the temperature above 39°, often up to 40°, and even 41° C. This is accompanied by pain in the limbs, coughing, great fatigue, and often sickness and vomiting. In several cases a slight icteroid discoloration was observed, and occasionally an eruption like measles on the chest and neck. The attack usually begins four to five hours after the injection, and lasts from twelve to fifteen hours. Occasionally it begins later and then runs its course with less intensity.

The patients are very little affected by the attack, and as soon as it is over feel comparatively well, generally better than before. The local reaction can be best observed in cases in which the tuberculous affection is visible; for instance, in cases of lupus, changes take place which show the specific anti-tuberculous action of the remedy to a most surprising degree. A few hours after an injection into the skin of the back—that is, in a spot far removed from the diseased area on the face or elsewhere—the lupus begins to swell and to redden, and this it does generally before the initial rigor. During the fever the swelling and redness increase, and may finally reach a high degree, so that the lupus-tissue becomes brownish and necrotic in places where the growth was sharply defined. We sometimes found a much swollen and brownish spot surrounded by a whitish edge almost one centimetre wide, which again was surrounded by a broad band of bright red.

After the subsidence of the fever the swelling of the lupus-tissue gradually decreases and disappears in about two or three days. The lupus spots themselves are then covered by a soft deposit, which filters outward and dries in the air. The growth then changes to a crust, which falls off after two or three weeks, and which—sometimes after only one injection—leaves a clean, red cicatrix behind. Generally, however, several injections are required for the complete removal of the lupus-tissue; but of this more later on. I must mention as a point of special importance that the changes described are exactly confined to the parts of the skin affected with lupus. Even the smallest nodules and those most deeply hidden in the lupus-tissue go through the process and become visible in consequence of the swelling and change of color, whilst the tissue itself in which the lupus-changes have entirely ceased remains unchanged. The observation of a lupus-case treated by the remedy is so instructive, and is necessarily so convincing, that those who wish to make a trial of the remedy should, if possible, begin with a case of lupus.

This specific action of the remedy in these cases is less striking, but is as perceptible to eye and touch as are the local reactions in cases of tuberculosis of the glands, bones, joints, etc. In these cases swelling, increased sensibility, and redness of the superficial parts are observed. The reaction of the internal organs, especially of the lungs, is not at once apparent, unless the increased cough and expectoration of consumptive patients after the first injections be considered as pointing to a local reaction in these cases. The general reaction is dominant; nevertheless, we are justified in assuming that here, too, changes take place similar to those seen in lupus-cases. The symptoms of reaction above described occurred, without exception, in all cases in which a tuberculous process was present in the organism after the use of 0.01 cubic centimetre, and I think I am justified in saying that the remedy will, therefore, in the future, form an indispensible aid to diagnosis.

By its aid we shall be able, to diagnose doubtful cases of phthisis; for instance, cases in which it is impossible to obtain certainty as to the nature of the disease by the discovery of bacilli or elastic fibres in the sputum or by physical examination. Affections of the glands, latent tuberculosis of bone, doubtful cases of tuberculosis of the skin, and similar cases will be easily and with certainty recognized. In cases of tuberculosis of the lungs or joints which have been apparently cured, we shall be able to make sure whether the disease has really finished its course, and whether there be still some diseased spots from which it might again arise as a flame from a spark hidden by ashes.

Of greater importance, however, than its diagnostic use, is the therapeutic effect of the remedy. In the description of the changes which a subcutaneous injection of the remedy produces in portions of the skin affected by lupus, I mentioned that after the subsidence of the swelling and decrease of the redness the lupus-tissue does not return to its original condition, but that it is destroyed to a greater or less extent and disappears. Observation shows that in some parts this result is brought about by the diseased tissue becoming necrotic, even after but one sufficiently large injection, and at a later stage it is thrown off as a dead mass. In other parts a disappearance, or, as it were a necrosis of the tissue, seems to occur, and in such case the injection must be repeated to complete the cure.

In what way this process of cure occurs cannot as yet be stated with certainty, as the necessary histological investigations are not complete; but this much is certain, that there is no question of a destruction of the tubercle bacilli in the tissues, but only that the tissue inclosing the tubercle bacilli is affected by the visible remedy. Beyond this there is, as is shown by the visible swelling and redness, considerable disturbance of the circulation, and, evidently, in connection therewith, deeply-seated changes in its nutrition which cause the tissue to die more or less quickly and deeply, according to the extent of the action of the remedy. To recapitulate, the remedy does not kill the