

means invariable, for records are given where no reaction took place in the presence of undoubted pulmonary tubercle after the injection of 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, a method by Barelli 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 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. Another surprising incident occurred under Dr. Heron at Victoria Park Hospital. A B, aged 18, thought to be a case of anæmia, and non-tubercular, received full injections—viz., 0.01 c.e.—to compare results with tubercular patients. To the doctor's surprise she reacted to a temperature of 101° , with swelling and pain in both knee joints. This temperature fell next day to 97° , then rose to normal. The second injection given was 0.005 c.e. instead of 10 milligrams, and this was followed by a temperature of 103° in $16\frac{3}{4}$ hours, with no pain or swelling of joints. Without further detail, suffice it to say that this patient was treated until reaction was nil in response to gradually increasing doses. Dr. Heron was quite satisfied that this was a case of tubercular affection which in time would have developed itself. In a non-tubercular person the dose of a centigram will cause a passing effect only; in this case no suspicion of tubercle could be based on any existing symptoms.