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KOCH'S TREATMENT OF TUBERCULOSIS.

BY PROF. R. RAMSAY WRIGHT.

Communicated from Berlin to the University of Toronto.

[FIRST COMMUNICATION.]

Since my last letter, the only new contributions of any importance to the Koch literature are contained in the *Deutsche Medicinische Wochenschrift*, published to-day. I give you the following sketch of the contents as far as they differ from my previous summary, and include a chart, such as is being used to record cases.

Prof. Frankel, of the City Hospital, *Am Urban*, whose selected cases are chiefly incipient pulmonary tuberculosis, lays great stress upon numerical examination of the bacilli in controlling the progress of the cases. [He uses Gabbett's method, but considers that the concentrating method of Biedert is the only method that can be depended upon to show the absence of bacilli.]

He urges gradual increase of dose, and cites a case where, there having been no reaction to 1 mg. or 3 mg., a dose of 5 mg. produced alarming dyspnoea.* He observes that where the pulse in the reaction is from 80 to 100, the patient generally stands increased doses well; but if it has risen to 120, great care is required. Similarly, if the respiration reached 40, it may

be desirable rather to reduce the dose. He proposes to stop with his phthisical patients when he has reached 100 mg. Of thirty-one cases, nine showed the typical reaction, seventeen merely indicated it, while it was absent in five. He considers this due to the idiosyncrasy already known in other toxic agents; it is not due to the absence of the disease. Like other observers, he has occasionally observed albumuria and icterus: at first the sputa is considerably increased in amount, and the bacilli no longer singly, but in heaps of some ten to twenty. While he does not think that the beaded forms, described by Fraentzel, and of which I spoke in my last letter, are due to the injection, [I have just seen a beautiful preparation in Professor Ewald's clinic of these forms from a case *before* injection], he is of opinion that the bacilli do not stain so intensely as before. The bacilli are also increased in other excretions. An interesting case of otitis media is cited, where the pus contained very few bacilli; it increased in amount and in the number of bacilli enormously under the treatment, but eventually they disappeared, and a perforation in the tympanic membrane now shows healing granulations. From a report of Lenhartz, of Leipzig, I extract only two cases which seem to be of special value: one was a case in which the diagnosis was doubtful between lupus hypertrophicus and tertiary syphilis. The patient, whose forehead was much infiltrated, is now able to wrinkle it, which was formerly impossible. A case of Addison's disease gave a violent re-

*Another case is cited of a young man with the remains of pleurisy, but no sputum, where there was no reaction till 100 mg. was given, when suddenly a violent reaction, accompanied by expectoration containing numerous bacilli, occurred.