

Study of Koch's Treatment in Berlin.—Dr. G. T. Ross read a paper on the above subject.

Brief reports of cases submitted to Koch's treatment in the Montreal General Hospital were made by Drs. Roddick, MacDonnell, Jas. Bell, and Johnston.

Dr. Roddick was not yet convinced that the results would be as good as predicted. He agreed with Dr. G. T. Ross that the remedy was a dangerous one, and that all experiments should be made in hospital.

Dr. R. L. MacDonnell stated that recognising the responsibility resting upon those who, occupying positions in public institutions, were entrusted with the experiments with the Koch fluid, he had endeavored to fulfil his duty towards the profession and the public. The profession regard with eager interest the result of the work. It was therefore necessary that the members of it should be put into full possession of all the facts of the cases on trial and the records of the observations made. The profession could then judge fairly of the result. Towards the public, it was the duty of those using the fluid to use the utmost caution. To pronounce a decided judgment upon the merits of the treatment was not possible, and therefore the members of the profession should be slow in the expression of opinion on the matter. Unless care were taken, the Koch treatment would develop into a form of cruel quackery. He had endeavored to secure cases in which (1) the diagnosis was beyond a doubt; (2) cases which had been under observation previously, so that a just comparison of their condition before and after treatment could be made. Three cases were selected, and the treatment was commenced on the 12th January:—

Case 1.—A boy of 18, who had been six weeks in hospital in early autumn. The temperature had always been normal, or nearly normal, never having reached 100°. The symptoms were debility, loss of weight, cough. The physical signs were indicative of consolidation at the right apex, involving the upper third of the lung, and commencing consolidation of the left. Tubercle bacilli and elastic tissue in the sputum. For a week before the injections were made the temperature was taken hourly. It never went as high as 100°. The result of the treatment had been little more than negative. A reaction has occurred, inasmuch as it is plain that the temperature rises to a point higher than was observed before, after each injection. Up to date, Jan. 23rd, the patient observes no change. The physical signs are unchanged. The sputum has been examined every day, but no change in the number of bacilli has been noticed. The patient has lost weight since he had been under treatment.

(To be continued.)

Progress of Science.

WASHES AND SPRAYS IN THE TREATMENT OF NASO-PHARYNGEAL CATARRH.

By E. Baldwin Gleason, M. D., Surgeon-in-Charge of the Department for Diseases of the Nose, Throat and Ear of the Northern Dispensary.

The secretions of the nasal mucous membrane are derived from its mucous glands, and also almost directly from the numerous blood-vessels of the mucous membrane, especially those of the so-called erectile tissues covering the turbinated bones. Whenever a nasal discharge consists of a clear, watery fluid—which in hay fever or nasal hydrorrhoea is often very abundant—the fluid comes from dilated blood-vessels and indicates vasomotor paresis, and may be the reflex of irritation of some of the sensory nerve-filaments in the nasal mucous membrane. In such cases, irritating astringents, especially if applied in the form of a powder, invariably do harm and increase the watery discharge. If, however, a 4 per cent. solution of cocaine be applied to the interior of the nose, contraction of the vessels is brought about and the discharge ceases. The effects of the cocaine in thus controlling the discharge may be usually maintained for several hours by following the cocaine application, by spraying the interior of the nose with an atomizer containing a 4 per cent. solution of antipyrin. The nasal stenosis and excessive secretion of acute coryza are at once relieved by this treatment, which may be repeated as often as twice or thrice a day, with the result of obtaining a speedy cure of "cold in the head."

A patient, during an attack of fever, should be directed to saturate small pieces of absorbent cotton with a 4 per cent. solution of cocaine and place one loosely within each nostril, and to renew the application as necessary to obtain complete relief from his more distressing symptoms. An efficient wash for the nose and pharynx to be used by the patient at home should have the following characteristics:

1. It should be alkaline.
2. Its specific gravity should be a little less than 1027, or about that of blood serum.
3. The temperature of the wash when used should not be below 100° Fahrenheit.
4. It should be an agreeable odor, taste, and appearance.
5. It should be antiseptic.
6. It should be so medicated as to be appropriate to the condition of the mucous membrane of the nose and pharynx of the patient for whom it is prescribed.

The specific gravity of the wash should be about 1027, or that of blood serum, because the Schneiderian mucous membrane is exceedingly