

On asking how a cure could be recognized, I was told there would be cessation of tubercular fever, absence of rales, restoration of appetite, and increase in flesh.

One animal, after inoculation with sputum, had received no injections, but was placed several times a day in the chlorine inhalation cage. It was believed in his case a cure would be accomplished by inhalations of chlorine alone.

In another room were six monkeys. All of them had had tuberculosis. One of them was quite well, having been cured by hypodermic injections. Four were under hypodermic treatment and were progressing towards recovery. The sixth was a case of phthisis purposely induced by exposure to cold, and was being treated exclusively by inhalations of chlorine. It was reported as improving and probably out of danger.

From a private letter received from Harper's Hospital I might add the following facts:

Sept. 29th, 1890. Guinea-pig, six weeks old, inoculated with sputum containing bacilli. Seventy-two hours later commenced treatment by daily injections of sol. iodine. This was continued for ten days; then every other day for ten more days; and then discontinued altogether. Result: recovery. The animal is living and well to-day.

Oct. 31st, 1890. A female monkey was inoculated with sputum containing bacilli from a consumptive patient. Seventy-two hours were allowed for the disease to become developed. Then hypodermic injections of iodine were commenced, as in the guinea-pig; continued daily for ten days; then on alternate days for ten more; and then discontinued. The cough with which the monkey was affected during the early days of treatment, entirely disappeared, and she has been perfectly well ever since.

Oct. 31st, 1890, the date on which the monkey was inoculated, and with sputum from the same patient a guinea-pig was also inoculated. It was not treated at all, however, but allowed to die. The viscera were sent to Prof Gibbs at Ann Arbor for examination. He found the lungs very extensively diseased.

In the male and female wards of the hospital I saw about twenty cases, besides a number of

better class people in private wards. The sexes were about equally divided. Most of them were receiving daily injections of about m. x of solution of iodine, the amount of iodine in the solution varying from the $\frac{1}{12}$ to $\frac{1}{8}$ of a gr. Some were receiving, instead of iodine, hypodermic injections of solution of chloride of gold and sodium, dose, gr. $\frac{1}{30}$ to gr. $\frac{1}{15}$. In the hospital I did not see injections given, being informed that the usual time of administration was about 8 p.m.

In private practice, however, I saw two injections of the gold solution administered. It was in each case done with the patient standing upright, the point chosen being the upper gluteal region. The instrument used was an ordinary hypodermic syringe, cleansed by hot water, and rendered aseptic by the use of alcohol. The reasons for selecting this region were, the large surface for operation, the lack of acute sensitiveness in the part itself, and the comparative immunity of tendency to formation of local abscess.

To return to the hospital cases. In addition to hypodermic injections, many of the patients were given daily inhalations of chlorine gas. These were administered in a small room especially prepared for the purpose.

The arrangements for this are simple yet ingenious. The temperature of the room is kept about 75° Fah. A spray bottle is filled with a 10 per cent. solution of chloride of sodium. This is driven into the finest spray by compressed air under steam pressure, completely saturating the air of the room. Then an ounce or two of chloride of lime is placed in an open vessel and several drams of hydrochloric acid added. The evolved fumes of chlorine are breathed almost with impunity by the patient.

In cases attended by caseation, with profuse expectoration, the chlorine was administered several times daily.

In reference to the hypodermic injections, Dr. Shurly recommends as a rule to give the iodine for about a week, unless iodism or too rapid a diminution of expectoration supervenes. In either case, the auric solution should take its place.

When there is much cough and little expectoration, the chloride of gold and sodium is