viz., chill, nausea, headache, backache, and pains in the limbs, and was much depressed. Again, coincidently with the high temperature was an increase in the pus in the urine. But no blood appeared. The testicle also got very painful, and swelled about one-third larger.

Jan. 21st.—The deposit of pus is now the lightest it has been since treatment was begun, some specimens showing only a trace. The urine is also improved, the reaction neutral instead of markedly alkaline, and its fœtid character when freshly passed has left. Last night was the best he spent for months, as he slept for several hours consecutively, retaining his urine without inconvenience.

Jan. 22nd.—The same improvement is noted in the urine, and he again passed a good night, sleeping two and three hours at a stretch, instead of awaking every fifteen minutes to urinate. He also has gained 4½ lbs. since the beginning of the treatment.

CASE III—(*Continued*).—Dec. 24th—An injection 1 c.cm. of the diluted lymph was given. Following this was a very severe constitutional reaction, the temperature reaching as high as 104½°, and being accompanied by the usual febrile symptoms.

Locally, glistening points of exudation appeared on the diseased areas, with deeper-seated bluish spots of necrosis, the size of hempseed, and also deep-seated pin-head points of pus. These surfaces became very itchy and their margins surrounded by an inflammatory blush. In two days' time an active superficial suppurative process involved all the facial patches, and inflammatory action was noticed in the patches on the hands. In about a week, scabbing began, which gradually grew in thickness overlying a thin layer of pus.

Jan. 6th.—The scabs began to be detached to-day, leaving red granulating surfaces. The right upper eyelid is now much thickened by an inflammatory process, and small pustules have formed upon it, in parts where there was no suspicion before of tuberculous tissue.

In the course of a few days the scabs all came off, but active suppuration set in over all the surfaces, accompanied by elevation of temperature and the usual febrile symptoms. In fact she was just as sick as though she had had an injection of lymph. This state lasted about a week, giving place to scabbing, with no fever. At present the patient is feeling quite well; but all the diseased surfaces are covered by exceedingly thick, heaped up scabs. Further injections are deferred, until these come off and what the treatment has done been estimated.

CASE IV—(*Continued*).—In the case of chronic cystitis, injected for diagnostic purposes, no reaction was obtained with repeated injections. This fact, taken with this other, that he had an existing possible cause of the cystitis in a posterior gonorrhœa, proved that his case was not tuberculous. So treatment was discontinued.

CASE V—(*Continued*).—In the case of moderate involvement of the lungs, with the addition of an anal fistula, no complete result was obtained, as patient left hospital to return home, one of his children being at the point of death. With him a slight constitutional reaction was obtained with each injection, but no changes were noticed in his lungs, nor any increase in his cough or sputum. An increase in the discharge from the anal fistula was observed, and the fistula was slowly closing up; but the case is incomplete. With this case, as high as $\frac{1}{10}$ c.cm. of the diluted lymph was injected, at no time causing a severe reaction, although invariably there was some elevation of temperature.