

of dietetic treatment is useful. During a period of eleven months, after the removal of the patients to the country, no dietetic treatment was carried out. The number of fits increased steadily. With ten patients under observation during the month of January, there were in all 65 fits, and with nine patients in July, 90 fits, rising to 113 in October. In November the sodium-bromide and salt-free diet was restored. The number of fits in December, 1907, (nine patients) was 70, in February, 25, in March, 30, in May 13, in July 21; from the middle of August to middle of September, 9, and in the following month, 4. In April and in June the number rose to 59 and 40 respectively, and it was found that a careless attendant had neglected the sodium bromide. The result in totals, was that with an average of 9.5 cases per month, the eleven months without treatment gave a total of 898 fits, while the following twelve months with an average of 9.1 cases per month, the total number of fits was 317. In other words, the number of patients being practically the same, there were 581 less fits in twelve months, under the dietetic treatment than in eleven months without it.



Surgical Bearing of Tuberculosis. There is a short but interesting article in the *Edinburgh Medical Journal* for month of February, '09, by Dr. R. W. Philip, on the "Surgical Bearings of Tuberculin." It was read in the Surgical section of the Congress on Tuberculosis at Washington. He draws attention to the very large number of tuberculous cases met with in all surgical clinics, and indicates the double rôle played by tuberculin in relation to surgical tuberculosis. It may, on one hand, anticipate operative interference, and even render surgical operation unnecessary. On

the other hand it may prepare the way for the surgeon, by defining and limiting the area involved. As instances he takes cases of glandular tuberculosis. In some cases where few glands are enlarged the timely use of tuberculin may lead to resolution, and prevent the need for surgical interference. In others, where many glands are simultaneously involved and infection extends deeply, if operation is undertaken, it may be found impossible to dissect out the infected area. The use of tuberculin in these cases may so influence the disease that satisfactory operations may be carried out.

In localised tuberculosis of bones and joints, Philip recommends the introduction of the tuberculin directly within the affected area.

As an instance of benefit derived from the use of tuberculin in obscure cases, or in cases where operative procedure has been unsuccessful, Philip gives notes of a patient who had had a distressing discharge of pus from the rectum, amounting to several ounces per day. It had continued for nearly four years. The patient had had good surgical advice. Various operations had been tried and ultimately a laparotomy was done to aid diagnosis. There was no improvement. After two or three injections of tuberculin the patient felt better, and in six months, complete recovery had taken place, and the patient has continued well since then, a period of two years.

There is no variety of surgical tuberculosis in which Dr. Philip is more sanguine of good results than in cases of genito-urinary tuberculosis. In many of these, with involvement of bladder, prostate and kidneys nothing curative can be expected from surgical operations.

In all Dr. Philip's cases there has been improvement and in some, cure. For instance, in cases where life was