

during the decline of the reaction, suddenly rose to 72, with a pulse of 90, the temperature a few hours later becoming sub-normal.

Case 7 was considered a very good result of the treatment. He entered hospital four weeks before, suffering from severe cough, hæmoptisis, night sweats, had lost 14 lbs. during the preceding three months. Had gained 10 lbs since admission, five during last 10 days. No hæmoptisis after the second injection. No night sweats during last week. No bacilli discovered the day previous and at the two previous examinations they were lessening.

S. M. in hospital 5 weeks, had infiltration in both apices with an obstinate distressing cough. This ceased in three weeks after the treatment was begun. .002c.c. were given at first. No reaction until .006c.c. was given. This was increased until .1c.c. was given, which was not followed by any reaction, but a smaller dose next day, produced temperature of 104.8. Since then 10 doses, each .1c.c. had not given any reaction. The abnormal physical signs on right side had completely cleared up, and in the left side crepitation was less. The bronchial breathing had given away to harshness, and his breathing was slower and more free. Had gained six pounds.

It was observed, as a result of an injection in lung consolidation, that crepitant rales occurred in the adjoining portion of the lung, coming on in about six hours after and disappearing in 24 to 48 hours. The quantity of sputum was also greater.

Even in cases where no reaction occurred the sputum gave evidence of increased disintegration of tissue by the greater quantity of elastic fibres and even complete alveolar arrangements which were found.

Dr. Heron gave it as his opinion that every patient with tuberculosis should be given the benefit of the treatment or the physician would neglect his duty.

From what I witnessed of the effects of Prof. Koch's remedy for tuberculosis in Berlin and London, I cannot but conclude

that all that its discoverer has claimed for it has been justified by the results obtained. So far we have abundant proof of at least a temporary cure in lupus, laryngeal and pharyngeal tuberculosis, and in phthisis pulmonalis when the disease is in an early stage, and of all tuberculous deposits where easy exit can be obtained for the disintegrated tissue and they contained bacilli. That surgical assistance in advanced lung tuberculosis, as suggested by Prof. Koch, may in many cases secure a ready discharge for the dissolving structures where it would not otherwise occur, thus avoiding the probability of a reinfection of the system from freed bacilli. It is now more important than ever before that physicians should recognize this insidious disease in its earliest stages. In all cases of cough where resolution does not soon occur under the ordinary medication, the sputum should be examined for bacilli, or the diagnostic feature of the lymph utilized. In this way we may hope that an advanced and incurable case of phthisis will become a rarity and a reflection on the patient for neglect of his case or on the physician who may have had him under observation when his case was curable.

Although the remedy has been tested in all parts of the world, and the reports indicate results all the way from those which are exceedingly unfavorable to those where undoubted and striking benefit has been obtained, nothing has been noted which renders necessary a change in the statement regarding it first made public by Prof. Koch and reiterated in his second communication of January 15th, 1891, when he states: "All I have lately seen is in harmony with my former observations and I have nothing to retract of what I have before stated." Tuberculin has a specific effect on lung tuberculous tissue, leading to its rapid disintegration, and when the necrotic products can be readily thrown off good results are obtained as in external tuberculosis or in the larynx or pharynx, and when a limited portion of lung tissue is effected, with