

next day, temperature was 103° ; began to rise from 8 a.m., April 16th. *Reaction* in 16 hours. Chart No. III.

Locally—Slight redness and swelling. *Generally*—Malaise, feverish and headache on morning of 16th of April.

Pathological Report—"Tuberculous adenitis".

Case Report No. 387, 1901.

Case IV. Male, A. H., aged 17. Hip joint disease since infancy; abscesses at different times since then; last one in 1898, presenting in the thigh.

Status Præsens—Shortening of left leg in thigh section, trochanter $2\frac{1}{2}$ inches above Nélaton's line; numerous scars from sites of operations for opening of abscesses over anterior and external surfaces of thighs. Muscular wasting.

Tuberculin, mg. $2\frac{1}{2}$, given at 9 a.m., April 15th, and at 4 p.m. April 16th, temperature was 102° . *Reaction* 31 hours later. Chart No. IV.

Operated upon April 17th; abscess opened; creamy, cheesy pus evacuated; no dead bone found. Pus was sterile but scrapings from abscess cavity showed a few tubercle bacilli.

Locally—Redness and swelling.

Case Report No. 378, 1901.

No reaction followed the use of tuberculin in the following cases:—

(1) In three cases of enlargement of the testicle, painless and slow growing, where no history of syphilitic infection could be obtained. All these cases afterwards yielded to antisiphilitic remedies, and I think it is fair to conclude that they were of specific origin. No effects whatever, so far as we could observe, followed the use of tuberculin in these cases.

(2) Two injections at different times, the last considerably larger than the first, were given a young girl who was transferred from Dr. Finley's ward (No. 457, '01) with a diagnosis of tuberculous peritonitis associated with marked ascites. She improved so much that, with Dr. Finley's concurrence, she was sent out of the hospital, but subsequently had to return and was operated on by Dr. Shepherd (No. 794, '01), when, I understand, a typical condition of tuberculous peritonitis was found.

The same result happened in a case of my own, a young lad upon whom I operated subsequently and who had the whole peritoneal cavity studded with tubercles. He made a good recovery though slow.

(3) A case of tuberculous arthritis of the elbow joint, which we afterwards excised, gave no reaction, as did also a case of tuberculous