

perature being the same as before the injections.

In between three and four weeks after the operation in the three successful cases, the dose of tuberculin had reached 0.1 c.c. and when no reaction occurs with the dose it is repeated again after eight days. If reaction again occurred .1 c.c. was given every day until reaction ceased and wait again 8 days.

The cavities rapidly enlarged after the injections began, to two or three times their original size through destruction of the tubercle tissue and the breaking down of the walls between the main cavity and adjoining smaller ones. A profuse flow of pus and greasy caseous detritus come away leaving a healthy granulating surface. That this melting away of the affected tissue was owing to the action of Koch's remedy was proved in the last case operated on: no injections were given for 14 days after, when the changes above mentioned did not occur. They followed as soon as the injections were begun. No complications occurred. As the cavity gradually closed the secretion diminished and became less purulent and the bacilli were fewer in number. The patient's general condition has much improved, one gaining four pounds in the last week. No eruptions of miliary tubercle was observed near the cavities or wound. He doubts whether the small tubercles, sometimes seen near cavities or ulcers on larynx or tongue are real tuberculosis tubercles, as he has seen them disappear in 2 or 3 days after their appearance, and one which was removed three days after its appearance and examined showed softening but no bacilli.

He thinks it premature to formulate any rules of guidance in regard to the class of cases that are likely to benefit by the operation. There should be a fair general condition of body vigor, and a limited localization of the disease. It is useless where there is general infiltration.

When, from the effect of the lymph or otherwise, the cavity cannot be emptied

through the insufficiency of the bronchial outlet, and there is retention with continued fever; it will be indicated. Whether to use the lymph treatment for some time before the operation or not, or whether the chest should be opened before a cavity forms are points still to be determined. The cavities, at the time of the second report, were reduced to a *cul de sac* not larger than a pea, the original space being occupied by a connective tissue growth. A few bubbles would still escape on deep breathing, but the sinus was quickly closing, and the cases proved beyond doubt the perfect success of this new method of treating lung cavities in suitable cases.

On January 7th I visited the Victoria Park Hospital (City of London Hospital for diseases of the chest). Dr. Herron, who has charge of the cases treated here, is a firm believer in the efficacy of the remedy in suitable cases. He and the pathologist to the institution, Dr. Wetherhead, took great pleasure in describing the progress of their cases (25 in number), all of whom, without exception, showed more or less gain from the treatment. None of the cases were in an advanced stage of phthisis. The wards were remarkably cheerful, bright and airy, lacking no modern convenience, and well attended to. No case admitted unless bacilli were found in the sputum.

I can only briefly refer to some of the cases. H. B., aged 28, the first case, had tubercular infiltration in both apices with coarse rales and the usual physical signs. Bacilli in sputum. Father and mother and two uncles died of consumption. Was first treated on the 24th November. Owing to the small amount of deposit .01 was given as the second dose, giving reaction, 1 or 2 now taking .1 c.c. doses daily with but slight reaction. No bacilli could be found after 27th December. His general condition had improved, but the dullness at the affected points had not changed, and this might be said of most of the cases. Neither had they observed any increase of dullness to occur. The respirations in one case