

becoming severer until December, 1900, when he became unable to work. Remote history of tuberculosis pulmonalis.

Status Præsens. Right knee—Synovial sac distended; boggy feel; no heat or redness; fluctuation present; pain on pressure over inner tuberosity of tibia; knee cannot be fully flexed nor extended; no pain on striking bones together. Marked atrophy of muscles of thigh and calf; typical fusiform swelling.

Tuberculin, mg. $2\frac{1}{2}$ administered April 3rd, at 11 a.m. Temperature rose rapidly to $102\ 2\text{--}5^{\circ}$ F. at 6 p.m., and fell after midnight. *Reaction* in seven hours. (Chart No. I.)

Local reaction—Slight redness and swelling with a little tenderness but no actual pain. Patient refused surgical treatment.

Case Report No. 348, 1901.

Case II. F. N., boy, aged 17. Three years ago had glands about left sternomastoid removed. Said to have been tubercular. Family history negative.

Status Præsens. Beneath angle of left mandible is a large hard lump, the size of a small hen's egg, movable; painful and tender; skin not adherent over it; slight redness; sense of pseudo-fluctuation; and below one or two smaller palpable glands. Growth began two months ago and has been gradual and constant. No other lymphatic enlargement.

Tuberculin, mg. $2\frac{1}{2}$ administered at 9.35 a.m., April 10th, and temperature rose to $100\ 4\text{--}5^{\circ}$ at midnight. *Reaction* in $13\frac{1}{2}$ hours. Chart No. II.

Locally—Slight redness and swelling only.

Pathological Report—"Tuberculous adenitis." Gland encapsulated, caseation in the centre.

Case Report No. 371, 1901.

Case III. J. McG., male, aged 26. Swelling of glands on right side of neck for over eleven years, partly disappearing under local treatment (iodine). Four years ago, abscess formation, cheesy discharge, sinus healing rapidly. For past four years marked tumour; great increase in size for past two months.

Status Præsens. Tumour occupies space from ear, angle of jaw, down almost to clavicle; hard, lobulated, painless, and only slightly tender; no sign of acute inflammation. Below it cervical glands all palpably enlarged; supraclavicular glands small, mass overlaps the jaw bone; skin is not adherent; and mass can be moved slightly laterally but not vertically. Small scars at lower border at site of sinus mentioned above. Separate mass in submaxillary region, freely movable; no fluctuation.

Tuberculin, mg. $2\frac{1}{2}$, given at 4 p.m., April 15th, and at 4 p.m.