

This was in a case of tuberculosis of the larynx, which was so swollen that I could not see the trachea. The effect was quite marked, and the swelling entirely disappeared. Although this dose had a favourable action it was found to be too large and depressing. The amount for non-pulmonary cases is 12 to 24 grains, and in pulmonary from 8 to 12 grains, according to the amount of disease, and the condition of the patient. If there is much disease and depression, it is better to use smaller doses and repeat it more frequently. I now use twelve grains every two weeks, but if the patient is eating well, and expectoration diminishing, one can wait whilst the system is being built up. Where the drug has been used for a long time, anæmia is apt to occur, especially if the dose is large, and it is prudent to use a preparation of iron between injections.

There are certain accessories to the injection, which it is wise to employ. After the first day acid phosp. dil. m x and strychn. phosp. gr. 1-30 may be used until the end of the reaction. If the stomach will tolerate it Easton's formula may be employed; also, iodine, gr.  $\frac{1}{2}$ , potass. iodid. gr.  $\frac{1}{4}$ , sp. vini rect. mxv every four hours, in half a tumbler of water, between meals.

I was induced to undertake these experiments in December, 1894, when a patient consulted me, who was suffering from tuberculosis of the astragalus and other parts about the ankle-joint. The patient declined to be operated on, and I suggested treatment by iodoform. I gave four injections during a year, and at the end of that time the recovery was so complete that the patient had a useful joint. In February, 1895, a similar case presented itself. The treatment was the same, and an equally good result was obtained. From these cases I gained the idea that there must be a constitutional as well as local reaction, the results were so marked.

In November, 1895, I began the subcutaneous injections of iodoform; but, as this was very painful, and apparently without result, I gave it up. The next case in which I had a chance to see its action was one of tubercular wrist joint with discharging sinus. I scraped away the fungoid granulations, and then injected the joint with iodoform, and retained it by plugging the opening of the sinus with iodoform gauze, and then covering it with Mead's plaster. The first injection was given November 8th, 1895, and by December 26th, 1895, the sinus had closed and the joint was well.

A case of tuberculosis of the hip-joint, with three sinuses and disease of the left apex, next presented itself. One sinus was utilized for injection, and the whole three were plugged as before, and covered with Mead's plaster. In a short time the disease of the lung