

of the resulting fever. One case of an infant, 18 mos., with a fluctuating swelling of knee joint, which was injected with a dose of ($1\frac{1}{2}$) one and a half milligrams showed good reaction and marked diminution of the swelling, but the future only could demonstrate any permanent benefit. In hip-joint disease no definite results have been noticed worth mentioning.

2nd. *City of London Hospital for Consumption*.—Dr. Herron gave the injections at this institution, with results of which the following is a summary. To begin with, I may say that this physician was the most cautious man that I have yet seen apply this powerful remedy. It is true, owing to this fact his results were somewhat tiresome, inasmuch as he had to inject from time to time without reaction until he reached the dose to which the patient was susceptible, and this was only done with safety by gradually increasing his doses. In cases of phthisis pulmonalis this is Koch's own method, and the only treatment admissible in my opinion to a conscientious man in handling a remedy so potent. Owing mainly to this precaution I did not see in London results of this treatment which I have already seen here—I mean in regard to undesirable sequelæ, such as lighting up a circumscribed pneumonia or a pleuritis the direct result of the lymph. Reaction producing these results would preclude further treatment until the subsidence of irritative symptoms, and then would be followed by diminished doses. Sometimes instead of high or moderate fever following, as a result of the remedy, the temperature would dip below the normal as much as a couple of degrees. This phenomenon Dr. Herron could not explain any more than he could explain the variety of exanthemata concurrently appearing while the reaction took place and lasting beyond it. In any case the rule is never to repeat an injection until temperature has reached the normal line again in phthisis pulmonalis. A practical point is in opening a new bottle of lymph invariably to begin again with the minimum dose, as Dr. Herron suggested the possibility of a varying strength in the fluid, and this precaution would decide any question about it. Without selecting any special cases from my note book, I can say that in a great many instances where no large cavities existed the physical signs cleared up very much and a general feeling of well-being was experienced after the reaction passed off. The slight loss in weight in some instances was followed by marked increase even upon an ordinary diet. In this hospital up to date nearly every case of night sweating had been benefited. I might say there was only one exception. In every case the urine was watched for any sign of renal complication, but with the exception of a slight opalescence in a few instances no result happened of consequence. Cases of phthisis where large cavities existed in the lungs were

not treated by the Koch method. They were looked on as incapable of sustaining the reaction. The temperature ranged from a dangerous height to a dangerous depression, and sometimes called for measures suitable to regulate these extremes. A case of anæmia, thought to be non-tubercular, was injected with a full dose, viz., 1 centigram, to find what effect would follow in this condition. Much to the surprise of all a general reaction followed with its train of symptoms, and local swelling of knee joints showed itself, proving the presence of tubercular tissue in the individual which previously had given no evidence of existence.

3rd. *London Throat Hospital* (Sir Morel McKenzie's).—Although the out patient practice at this hospital is great and the chief surgeon the most famous of English throat surgeons, yet the indoor facilities are very restricted, owing to the small building occupied, and consequently the number of patients treated by the Koch remedy is small, this treatment being essentially an indoor one, at least in the beginning. A very interesting case of a boy who had been operated on for œdema glottidis by tracheotomy to relieve tubercular laryngeal infiltration, was put on Koch's remedy. I fortunately arrived in London just in time to see the first work of the kind done here, so that the study of reaction in this case was carried out from the beginning. On comparing the condition of the throat after two injections with the condition previously, the subsidence of general inflammation was most marked, and the boy claimed that he was cured. (One very bad case of nasal and laryngeal lupus was not only improved in the general symptoms, but the intense redness of the tissue affected was very plainly diminished. Another case of this disease where the amount of tissue affected was small had almost entirely healed in a week. A few cases of lung tubercle not seriously advanced were also treated here with evidence of benefit. But in some cases the benefit was to my mind greatly assisted by imagination. The patients in many cases were intelligent and would in describing their symptoms remember that the wonderful Koch remedy, which they knew to be the talk of nearly all creation, must have done them good whether they felt it or not, and so their statements were largely biased. One case of cavity in left lung was not improved during the time I was in London; in fact he claimed his night sweats were worse, and he was weaker generally.

4th. *Brompton Consumption Hospital*.—The work done here by Dr. Theodore Williams was only started, so that no satisfactory data were recorded.

The whole work done in London had not been of sufficiently long duration to afford any reliable evidence of virtue in the remedy as a cure of a positive kind for tuberculosis. That many instances showed reaction resulting in decided and