

had discovered a substance which had a selective action on tubercle, many observers have been working on the properties of this substance, which he named tuberculin. Foremost among such has been KLEBS. In *The Deutsche Medicinische Wochenschrift*, 1891, No. 45, he reported that, by precipitation with platinum chloride and the so-called alkaloid reagents, he was able to separate from tuberculin an active principle, which he termed alexin or tuberculocidin, which has the same action on tubercle that tuberculin has, but without causing the depression produced by it. KLEBS has since published a monograph on the subject, 'Die Behandlung der Tuberculose mit Tuberculocidin,' of which a short abstract is given in *The Medical News* (New York) of April 16th, 1892. KLEBS believes that the efficacy of this substance depends upon an influence exerted on the tubercle bacilli, resulting in their degeneration. Thus large doses, by causing rapid disintegration of tuberculous tissue, produce some elevation of temperature by a form of auto-inoculation with tuberculin. Tuberculocidin does not cause necrosis of the affected tissues. The process appears to be one of involution associated with exudation. That this body is not merely an attenuated form of tuberculin is demonstrated

by the fact that although the former represents by weight one-fortieth of the latter, an injection of a decigramme (0.1) of the one is followed by no elevation of temperature, while an injection of two milligrammes and a-half (0.0025) of the other is followed by febrile reaction. In man, the initial dose of tuberculocidin is about two milligrammes (0.002); if this occasions no unpleasant manifestations, the dose is rapidly increased to a decigramme (0.1) or a decigramme and a-half (0.15). Hectic fever is no counter-indication—in fact, energetic treatment may cause its disappearance. The injections should be made daily for a month, and then intermitted for the same length of time, to be resumed or not according to the indications present. When urgent symptoms occur, other therapeutic measures may be advantageously employed in conjunction with the injections. Nearly a hundred cases, principally of pulmonary tuberculosis, have been treated with tuberculocidin. Of seventy-five, in which a reasonable time had elapsed, fourteen appeared to have been cured, forty-five were improved, fourteen remain unimproved, and two died. Complications were universally absent. Such results are certainly encouraging; but, after recent experiences, medical men are naturally sceptical about accepting as an absolutely

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