have previously suppurated, give real difficulty when in close contact with nerves or large vessels.

We use blunt-pointed scissors curved on the flat, a strong tissue separator, and special ring-shaped gland forceps with a spring catch and long handles, which enable an assistant to assist the operator.

Drainage should be employed in extensive and doubtful cases. But we do not favour drainage tubes for aseptic cases; a narrow gauze wick suffices. The Kashmir sawdust pads are useful as outside dressings, and, with a well-applied knitted bandage of loose mesh, the head is comfortably fixed almost as if splinted. We remove the drain usually after twenty-four hours, and then do not dress aseptic cases till the ninth day, when the stitches are removed. For ligatures we use locally prepared iodine-chromic gut, and for sutures local silk thread.

So far as I can judge, the end results are very satisfactory. I have not seen pulmonary phthisis as a later complication, nor tuberculous peritonitis.

There is an increase of pulmonary tubercle in Kashmir, but no apparent increase in glandular disease. The climate is favourable, and it is proposed shortly to start a State sanatorium, which is likely to attract tuberculous patients from the plains of North India.

MULTIPLE SUBCUTANEOUS TUBERCULOSIS FOLLOWING CIRCUMCISION AND TREATED BY TUBERCULIN.

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In April, 1913, a male infant, suffering from several recurring subcutaneous abscesses, was sent to my laboratory at the General Hospital by Dr. A., with a view to diagnosis and vaccine treatment. The appearance of the lesions suggested a tuberculous rather than a pyogenic origin. The child had been circumcised eight months previously, and the practitioner who performed the operation, and who sent the child to town for an opinion was, unknown to us, suffering at the time of the operation from tuberculous laryngitis, which subsequently proved fatal.

History.

At the age of 7 weeks the child was circumcised by Dr. A. The wound suppurated badly, and three weeks later the right inguinal glands enlarged, and an abscess formed which was incised. No laboratory investigation of the pus was made. A week later, what the mother describes as a measles-like rash appeared on the child's face, body, and limbs; this gradually faded, except for several small areas, which became indurated and suppurated at intervals. At the same time the child lost its appetite and became emaciated. As each indurated area softened it was incised, but in most cases failed to heal after several months' treatment. Eight months after the circumcision the child came under my notice.

Condition on Examination.

The child was now 10 months old, emaciated, and hectic. There were numerous suppurating foci on the body, face, and limbs, several of which had failed to heal after incision and evacuation of pus. On the outer margin and the sole of the right foot there were several discharging sinuses, dressed with gauze drains. There was a similar lesion on the left instep. On the outer surface of the right upper arm there were two recently healed scars surrounded by indurated tissue of a purplish red colour. Over each gluteus maximus, and on the right cheek, and over the right lower jaw there were superficial ulcerations with similar purplish indurated edges to those seen on the right upper arm. The prepuce had healed, and in either inguinal region there were healed scars of recent incisions. On the right side a small abscess was pointing, from which 0.5 c.cm. of thick pus was aspirated. No other tuberculous lesions but those indicated could be detected.

Laboratory Investigation.

Films stained by the Gram, Leishman, and Ziehl-Neelsen methods and the usual laboratory media inoculated,

and incubated aerobically and anaerobically at 37° C. and 22° C., were all negative. Special attention was given to a possible sporothrix infection by means of cultures on dry glass, etc. A portion of the pus was inoculated subcutaneously into two guinea-pigs, which both showed well-marked tuberculosis when examined four weeks later. Smears from the caseous glands and from the spleen showed numerous long, slender, acid-fast and alcohol-fast bacilli. Cultures from the caseous glands and splenic emulsion of the guinea-pigs were inoculated on plain and glycerine egg medium and on fuchsin egg medium. All the tubes inoculated gave a luxuriant growth of the tubercle bacillus after two weeks' incubation at 37° C. Rabbits were inoculated subcutaneously and intravenously with caseous gland material and splenic emulsion from the guinea-pigs, but were apparently unaffected. At autopsy, two months later, no evidence of tuberculosis was found.

While awaiting the results of the guinea-pig inoculations I inquired of a second doctor who was now in attendance as to a family history of tuberculosis. He kindly informed me that there was no family history of tuberculous disease in either parent, and that the child had never lived in close contact with a tuberculous person. The child had always been breast-fed. Having satisfied myself that the child was in all probability infected at the time of the circumcision by a human type of tubercle bacillus, I was at a loss to account for it till some months later, when the practitioner who performed the operation died suddenly from tuberculous laryngitis, the supposition being that the raw wound was infected by coughing during the operation.

Subsequent History of Case.

Though the child was extremely ill the parents were anxious that "injections" should be tried, seeing that they were in the first place advised to come to town for vaccine treatment. With some misgivings I prescribed weekly injections of P.T.O., starting with 0.0001 c.cm.; they were administered by Dr. B. in gradually increasing doses for several months. Coincident with the administration of tuberculin the child became less fretful, and its appetite and general condition improved. When seen eight months later all the lesions had completely healed, and the child looked the picture of health. The mother informed me that the healing commenced shortly after the tuberculin was first administered.

The case is of interest from the somewhat unusual source of infection, and, considering the child's serious condition, from the rapid improvement which set in coincident with the administration of tuberculin. Moreover, although the infection was widespread, it was, as far as could be ascertained by physical examination, confined to the subcutaneous tissues.

THE POSSIBILITIES OF DOMICILIARY TREATMENT IN PHTHISIS.

BY

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ALTHOUGH considerable progress is being made in the provision of sanatoriums, the vast majority of consumptives perforce remain at home during the greater part of their illness. The problem of domiciliary treatment thus merits careful attention, but doubts have been expressed as to the likelihood of any measure of success resulting from it. This is not the view expressed in the interim report of the Departmental Committee on Tuberculosis as follows:

It should, however, be borne in mind that a short stay in an institution in which the patient may be educated, followed by a course of home treatment, in shelters, etc., under close supervision, is a form of sanatorium treatment which has certain advantages and which may successfully be adopted in a large number of cases.

In the present article an attempt will be made to show what may be done in an average working-class home. It would be futile to overlook the influence of the locality and of the actual house in which treatment is attempted. It is unfortunate that in many cases the home conditions are such as to hold out scant prospects of success. More-