Argyll Robertson pupil, and has developed on the hemiplegic side dysaesthesia, which was paralysis of the right third nerve, with complete ophthalmoplegia, the left pupil did not react to light on admission, but recovered fully under treatment. In six patients the response to light was sluggish, but not abnormal and in three of them became much more brisk under treatment. One of these suffered from epileptic fits, both general and localized, with headache and vomiting; two from dextors, with headache and vomiting; one from meningitis of the convexity, with hemiparesis, cranial, and double optic neuritis; the fifth was a patient with hereditary syphilis, with cerebral symptoms and a history of cases of syphilitic cerebro-spinal meningitis, with hemiplegia and intense optic neuritis. So that optic neuritis, in varying intensity, was present in three of the six cases with a sluggis light reaction; optic neuritis does not, of course, abolish the light reaction. Of the 21 spinal cases, in one the light reaction was sluggish, and in two the Argyll Robertson sign was present. Of the latter, one was a rather remarkable case. The patient was a man, aged 32, who had had left hemiplegia two years before, from which recovery was not complete. When admitted, he was dull, aphasic, and had some mild delusions as to place and as to his circumstances. The cord affection corresponded to Erb's syphilitic spinal paralysis, and was of very gradual onset, with the usual affection of the bladder, great exaggeration of deep reflexes, and decreased extensor plantar reflex. The pupils were very small. He made, under mercuroid treatment, an unexpectedly good recovery, both as to his mental and physical state, and was able to return to work. The Argyll Robertson sign persisted. In the other case the cord affection was of the same kind, with no affection of sensation, no ataxia, and no symptoms except slight incontinence beyond those clinically referable to degeneration of the pyramidal tracts; the disease was also of very gradual onset.

It is an interesting point that the only cases presenting the Argyll Robertson sign among the cases of syphilitic disease of the cord are cases belonging to the clinical group of syphilitic spastic paraplegia, first described by Erb. Wilfred Harris states that in Erb's syphilitic spinal paralysis the spasticity of the pupils is complete. The pupils were very small. He made, under mercuroid treatment, an unexpectedly good recovery, both as to his mental and physical state, and was able to return to work. The Argyll Robertson sign persisted. In the other case the cord affection was of the same kind, with no affection of sensation, no ataxia, and no symptoms except slight incontinence beyond those clinically referable to degeneration of the pyramidal tracts; the disease was also of very gradual onset.

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The views of the sanatorium authorities may be summed up in the statement that in their opinion tuberculin is a useful diagnostic type of vaccine, but that it is only administered with care and with extra watchfulness, and that the sanatorium affords the ideal means of securing these safeguards. Tuberculin, therefore, is, in the opinion of these gentlemen, not a useful accessory to the methods of sanatorium treatment.

The evidence adduced by Drs. Fraser and Wilkinson is insufficient seriously to shake the expressed opinion of so many experts of equal standing, and the evidence which is emphatically in opposition to the views expressed in Dr. Fraser's report to the Portsmouth Town Council. The present state of our knowledge on the subject, the conclusions arrived at by Dr. Fraser and my opinion is that the indiscriminate administration of tuberculin in a tuberculin dispensary is a procedure not justified at the present time. My reasons for adopting this view are briefly as follows:

It is admitted by Dr. Fraser that the majority of cases of phthisis occur amongst persons of the poorer classes, patients who (I cannot express it better than in Dr. Fraser's words), "on entering the sanatorium, exchange a hard existence where they are often badly fed, and live under insanitary conditions, for a life of rest, good food, and careful medical supervision." It is recognized that the treatment of pulmonary tuberculosis by direct attack upon the tubercle bacillus holds out, in the present state of our knowledge, no hope of success. It has also long been recognized that people who have attacked the individual been less successful in overcoming the attack of the tubercle bacillus so completely that no evidence has been forthcoming of the presence of the bacillus during the life of the individual. It is further recognized that the tubercle bacillus is practically omnipresent under conditions of modern civilization, so that practically the whole of the civilized world has been exposed to the opportunities of infection. It is therefore clear that the civilized human race is possessed of a high antagonism to the attack of the tubercle bacillus, an antagonism which may be either intrinsic or acquired. From the present point of view it matters little which it is.

It is clear, therefore, since direct attack has been found to be at the present time hopeless, that the line of action in the treatment of tuberculosis is to take advantage of the natural resistance to the attack of the tubercle bacillus, and by appropriate means build up the cell vitality so that the cells of the body become capable of overcoming the bacillus.

Viewing the cells of the body from the standpoint of pulmonary tuberculosis alone, we are under the conditions under which they are best capable of overcoming the attack of the tubercle bacillus. Experience has shown that the cells endowed with the highest degree of vitality in a state of good health, and that is those individuals whose cells are not sufficiently nourished who suffer from developed pulmonary tuberculosis. It is clear, therefore, that, if any individual who has developed pulmonary tuberculosis to such a degree as to show clinical manifestations continues to exist under the conditions which primarily rendered his cells incapable of overcoming the attack of the tubercle bacillus, the tendency will be for his cell resistance to continue to diminish in consequence of (1) the persistence of the primary conditions, and (2) the superadded disability of the toxins of the tubercle bacillus. If, therefore, treatment is to be carried out under conditions holding out the best chance of success, we must either remove the individual from the conditions which caused the primary lesion of resistance, or we must remove the conditions which lowered the activity of the cells of the body. If the former is done, the body will respond to the heat of the disease with a state of fever and will render the erythrocrine action of the body more active and effective. It may be administered with success by a man of experience, but disasters will occur even with the most experienced. If tuberculin is to be used in a manner fair alike to the patient and to the remedy, it must be used under conditions which will ensure the minimum of risk. I do not believe that sufficient evidence has been adduced to justify the indiscriminate administration of a dispensary, even in the hands of the most experienced.

A fact of profound significance with reference to the results of treatment is that medical men have not yet been able to discover the best method of treatment. The best results of a serum or a vaccine are secured if the strain of the organism causing the disease and that from which the vaccine or serum is made are one and the same. It is for this reason that autoinoculation in tuberculosis holds out such prospects of success. Now in the indiscriminate administration at a tuberculin dispensary the question of strain as between the patient and the remedy is a matter of pure chance. The question of strain no doubt helps to throw light upon some discrepant results.

In conclusion I express the conviction that the present state of knowledge to require the establishment of a tuberculin dispensary under such conditions as proposed is an advisable procedure. I believe, on the other hand, that the value of tuberculin will be best realized if it is used in a manner to receive that skilled control which the vast majority of authorities are agreed is essential to the safe and proper administration of the remedy.

Dr. Fraser's report is one of the best arguments yet produced in favour of the institution of sanatoriums, where the patients may not only receive tuberculin under proper conditions, but will also get that good food, rest, and proper medical control which is so essential to permanent cure. If tuberculin is as useful as it is stated to be then its use will greatly shorten the stay of patients in the sanatorium, thereby enabling the institution to pass a greater number of patients at a smaller expense. This will result in the results of sanatorium treatment are often disappointing merely shows that good air, good food, and proper medical supervision are not in themselves always sufficient to give the cells of the body the necessary stimulus to overcome the disease. If tuberculin can be so administered as to supply to the cells of the body the necessary specific stimulus then the success of the sanatorium must be assured.

The German Balneological Society will hold its thirty-second annual meeting this year, and the proceedings will begin on March 2nd and end on March 6th. A number of the communications promised relate to radio-activity and other manifestations of radio-activity. The secretary is Dr. Brock, 52 Thomaeustrasse, 24, Berlin, N.W.