

Retrospect of Current Literature.

MEDICINE

UNDER THE CHARGE OF F. G. FINLEY, H. A. LAFLEUR AND W. F. HAMILTON.

E. L. TRUDEAU. "Tuberculin Immunization in the Treatment of Pulmonary Tuberculosis." *Am. Jn. Med. Sc.*, June, 1907.

Immunity in tuberculosis has long been looked upon as impossible of attainment, because there is little clinical evidence that one attack protects against another. Experimental work has, however, done much to demonstrate the possibility of producing a certain degree of immunity. This immunity is only relative and the best results have been obtained by vaccination with living bacilli.

Calmette, from the introduction of living bacilli in calves and young goats, was able to produce immunity to subsequent inoculations in doses proving fatal to controls, while a larger amount, or repeated inoculations of the same small dose ended in general infection and death.

The work of Wright and Douglas on the opsonins shows that the size of the dose governs the result, which may be a prolonged negative phase with its decrease of the natural resisting power, or a positive phase resulting in a relative degree of immunization. If we use tuberculin by the clinical method small doses result in a well marked degree of toxin immunity, as shown by increased toleration to large doses of toxin, whilst larger doses, or too rapid an increase may induce an aggravation of all the symptoms of the disease.

Trudeau has used chiefly the B. E. tuberculin. Habituation takes place slowly and violent reaction sometimes takes place even when the dose is increased with the utmost care. Possibly a preliminary course of B. F. tuberculin might obviate this difficulty.

The clinical method of using tuberculin adopted by Trudeau aims at carrying the patient to large doses, one hundred to ten thousand times the initial dose, while avoiding marked reactions or any disturbance of the patient's general health. The main difference between this and Wright's method is progression in dosage and to a certain extent the interval between the doses, which is much longer in Wright's method.

The question is which is the more reliable method as to dosage—the opsonic index or the clinical observation of the patient's condition and symptoms? And is the production of tuberculin immunity essential or not?

The improvement in the patient's general condition and symptoms while being injected with increasing doses of toxin, would point to the conclusion that whatever the effect may be on the opsonic index, it has a favourable influence on the patient's disease.