

which would have the result of still further lowering the patient's resistance. Great care must be exercised not to reinoculate during a negative phase, and inoculation with tuberculin in a given case should be undertaken at much longer intervals than in a case of staphylococcus infection, for the increase of opsonic power is maintained over a much longer period.

If the bacterial infection be strictly localized, the opsonic index of the blood, as concerns the particular microbe causing the infection, is below normal. But in those cases which are not strictly localized, the opsonic index will be found high at one time and low at another, that is, the opsonic index in systemic infections tends to fluctuate from high to low. These two facts are very important, both as concerns the diagnosis and the treatment of bacterial infections. In the majority of cases of strictly localized tuberculosis, such as cystitis, tuberculosis enlargement of glands, etc., if the lowered opsonic power can be raised the tuberculous process is relieved and controlled; but Prof. Wright would not say cured, because sufficient time has not yet elapsed in most of the cases to eliminate the possibility of a relapse.

Prof. Wright then told of a case of empyema which was treated by resection of part of a rib, evacuation of the pus, and drainage. Seven weeks later the wound was still discharging a large quantity of pus. He examined the pus and obtained a pure culture of the pneumococcus. He determined the patient's opsonic index to the pneumococcus and found it to be normal. In spite of this fact he thought he might do good if he could increase the opsonic index well above normal. He therefore prepared a vaccine from dead pneumococci and inoculated with it. The day following the inoculation, his opsonic power shot up from 1.0 (normal) to 2.5. During the period of two weeks the patient was given three inoculations, and each time the opsonic index was raised. The clinical result was very marked. The discharge had ceased entirely at the end of two weeks, the sinus had closed, and he has remained quite well ever since.

Where cases get better without interference, the body has produced an auto-inoculation, self-inoculation, giving the same results as an artificial inoculation, and raising the opsonic power high enough to attack the germs and get control of the disease.

In cases of a tubercular knee or a joint infected with the gonococcus massage of the joint drives out the toxin into the general circulation and causes an auto-inoculation, which tends to clear up the trouble. Prof. Wright gave the results of a case of infective pericarditis. The temperature was high and had been so for some time. The patient had been treated with drugs and antistreptococcic serum. Prof. Wright here