

view of this, I suggest that those critics who have put forward figures showing enormous working errors in opsonic estimations may have supplied to the world data with regard to the magnitude of their own functional errors, instead of—as self-esteem assured them—data with regard to errors in the opsonic method.”

Sir Almroth next brings forward certain evidence to prove that the rise and fall of the opsonic power of the blood is correlated with improvement and aggravation in the condition of the patient, although admitting that his method is only a partial evaluation of the anti-bacterial powers of the blood.

The question as to whether the measurement of the opsonic index can be dispensed with, and whether there is any other guide which can take its place, has exercised the minds of almost all who have undertaken the practical application of opsonic therapy to the treatment of disease. Sir Almroth Wright considers this in some detail, and I think we cannot do better than to quote his conclusions.

“Let me briefly describe to you what our practice is in connection with the control of inoculation by the opsonic index in the case of the out-patients and in-patients in the Inoculation Department of St. Mary’s Hospital. In an ordinary case of localised streptococcus or staphylococcus infection we practically never have recourse to the opsonic index. In connection with these infections we know the appropriate doses of vaccine, and the clinical symptoms furnish any further guide that may be required. The same holds true of acne. It holds true again of croupous pneumonia.

“When we have to deal with a case of staphylococcus infection, such as sycosis, which has obtained a firm hold upon the patient and which offers considerable resistance to the treatment, and which we can only hope to overcome by a succession of effective inoculations, it is often necessary to regulate the dose by means of estimation of the opsonic index.

“The same holds true of the very chronic streptococcus infections which are associated with tuberculous disease of bone. It holds true again of the chronic coliform infections.

“In the cases of tuberculous infection we make a distinction. We make it a practice in every case of phthisis to control the effects of the inoculations by the opsonic index, but employing, as we do in the case of phthisical out-patients, only doses which give no negative phases, we find it sufficient to determine by blood examination, undertaken on the day before the patient returns for inoculation, whether the dose has been adequate to keep the opsonic index up to the normal. In the case of phthisical patients who are treated