

## C. Comparison of 135 Treated and 690 Untreated:

	Incipient.		Advanced.	
	Living.	Dead.	Living.	Dead.
Treated .....	79%	20%	61%	39%
Untreated .....	63%	37%	36%	64%

In the "opsonic method" of Wright and his followers the dose of tuberculin is gauged according to its effect on the opsonin-content of the blood-serum, or to speak technically, upon the rise and fall of the opsonic curve. Wright is quite content with the amount of tuberculin inoculated if the opsonic index is stimulated with each inoculation to rise above the normal line, providing that in the 'reflow' it does not fall back to its primary position. The succeeding inoculation is given at the beginning of the 'reflow,' and will be greater or less or equal to the preceding dose, according to the effect of that dose on the 'opsonic curve.' Once the dose is fixed there is but little variation, for Wright does not believe that it is at all necessary in the production of immunity to gradually increase the dose of tuberculin until the patient is capable of withstanding an immense dose. He believes the 'machinery of immunization,' residing within the body-cells and fluids is stimulated quite as well by small doses repeated at ten days to two weeks' intervals, as determined by variations of the opsonic index, and at the same time the patient is not subjected to the dangers and discomforts of a febrile reaction, which almost inevitably comes in the course of tuberculin treatment by the 'clinical method.' It is true that the determination of the opsonic index, or the opsonic-content of the blood-serum, does not reveal the amounts of antibodies in the blood-serum other than opsonins, and it might be argued on that account that the opsonic calculation is no measure of the degree of immunity of the patient, but we may infer that if substances, so closely concerned in the establishment of immunity as opsonins, are increased in amount, the other anti-bodies such as bacteriolysins, agglutinins, etc., are increased as well.

It has been my custom at the outset of treatment of tubercular cases to make two or three opsonic calculations, to determine whether or not the opsonic index is below normal. An initial dose of  $\frac{1}{2000}$  mg. T.R. or B.E. is then given. The second or third day following, an opsonic calculation is made to see if there is a rise or not in the opsonic index. If there is a rise, a similar dose is given