

the incipient and advanced class, who were mostly apyretic, or whose temperature at irregular intervals reached only from 99.5° to 100° , and whose general nutrition was good. The acute types, or those suffering from marked febrile remission or hectic fever were excluded. Patients running a continuous temperature, even if not above 100° , with little to be heard in the lungs, but with rapid pulse, emaciation, debility and cachexia, pointing to scattered miliary tuberculosis, were also excluded. Elsassar, Denys and others advocate the use of tuberculin injection even in acute febrile cases, but I have had no experience with such cases.

For a long time the tendency was to choose as favourable cases as possible, from both the incipient and advanced classes, for treatment; but little by little less favourable cases were selected, and during later years those whose condition seemed to be at a standstill, and to have but little chance of arresting their disease by the hygienic and open-air method alone, have been frequently treated. It cannot be denied, however, that the desire to select, from whatever class, patients whose nutrition was good, prevailed to a greater or less extent, and must have somewhat influenced the results.

The first impression which the physician receives who begins to make use of the tuberculin is a most profound respect for the tremendous potency of this toxine. A toxic substance which, in so infinitesimal a dose as the one five-thousandth of a milligram of the solid substance contained in Koch's Bacillen Emulsion, may produce typical and marked constitutional disturbance in the tuberculous individual, is certainly not to be used heedlessly, and is potent for evil if carelessly administered. I would not urge any physician who prizes his peace of mind to embark on the treatment of tuberculosis by this method unless he is prepared to begin with minute doses and increase with the utmost caution. He will also soon be made to feel the deep-rooted prejudice which exists, both in the profession and laity, against tuberculin treatment, and he must be prepared to meet criticisms and blame for all the exacerbations and complications which naturally develop in the course of the disease, and which are invariably attributed not to the disease, but to the treatment; while coincidences occur occasionally which make his position indefensible, and which he can be prepared to face as best he can. I have seen tuberculous meningitis, hæmoptysis, and uncontrollable pyrexia, all ending fatally, occur in patients who were about to take tuberculin, but for some reason or other did not take it.

The method of administration is of the greatest importance, and has varied as time passed. At first little attempt was made to avoid reactions, which were advised by Koch, and which he still seems to consider as necessary to success in this form of immunisation, for in his