

place. Therefore, it was obvious that the leucocyte by itself was inactive, and that the blood plasma contained some substance which was essential before phagocytosis occurred. This substance he called opsonin from the Greek *opsono*, I prepare victuals for, I cater for.

Briefly stated, the treatment of a bacterial infection, by Professor Wright's method, consists in increasing the antibacterial substances of the blood by inoculating the patient with a vaccine prepared by making a suspension of the dead organisms causing the disease, in a normal saline solution.

He then quoted a case of a patient suffering from tubercle. He tested the blood of the patient with pool, *i.e.*, the normal blood of all the men in the laboratory. In every case the patient's blood is compared with the blood of a normal man. Now, by adding bacteria to each, he found out that five bacteria were digested by each normal corpuscle, and that only two and a half bacteria were digested by the corpuscle of the tubercular patient. Therefore, the patient's power of resistance was but half of a normal person, *i.e.*, it was defective in opsonic powers. The reason some people are more apt to take tuberculosis is partly due to the reason that they have a weaker opsonic power to withstand or throw off the infection. How are we to overcome this weakness in some people?—by increasing their opsonic power by inoculation. Take first a case of furunculosis. The man had suffered with boils for four years, and it seemed impossible to get rid of them, so Prof. Wright resolved to try inoculation with vaccine prepared from the germ causing the trouble (*staphylococcus*). He calculated that his resisting or opsonic power was low. The man was inoculated. On the day following there was a diminution of the quantity of opsonins, or a lowering of resistance, which always accompanies the inoculation, and is known as the "negative phase." From this point the opsonic power rose steadily, which is known as the "positive phase." The highest point to which it rises is known as the "high tide" of opsonic power. This "high tide" was a good deal higher than the opsonic index with which he started. Now, while the positive phase was still high, another inoculation was made. A negative phase took place, but not as low as before, then a positive phase, the "high tide" being higher than after the first inoculation, being equal to twice the normal. The clinical result was satisfactory, as, after several weeks' treatment, the boils disappeared. You can see from the foregoing case the control we have in raising the opsonic power to a desired height by a step-like process. The big fault with the inoculation of Koch's tuberculin was that a reinoculation was made during the negative phase