

question cannot be given until more facts have accumulated. Wright and Reid hold that the measurement of the opsonic power of the blood is a valuable aid in the diagnosis of tubercular infection. They summarize their conclusions as follows:

(a) Where a series of measurements of the opsonic power of the blood reveals a persistently low opsonic power with respect to the tubercle bacillus, it may be inferred, in the case where there is evidence of a localized bacterial infection which suggests tuberculosis, that the infection in question is tubercular in character.

(b) Where repeated examination reveals a persistently normal opsonic power with respect to the tubercle bacillus, the diagnosis of tubercle may with probability be excluded.

(c) Where there is revealed by a series of blood examinations a constantly fluctuating opsonic index the presence of active tuberculosis may be inferred.

In the case where we have only at our disposal the result of an isolated blood examination we may conclude that

(a) Where an isolated blood examination reveals that the tuberculo-opsonic power of the blood is low, we may,—according as we have evidence of a localized bacterial infection or of constitutional disturbance—infer with probability that we are dealing with tuberculosis—in the former case with a localized tubercular infection, in the latter with an active systemic infection.

(b) Where an isolated blood examination reveals that the tuberculo-opsonic power of the blood is high, we may infer that we have to deal with a systemic tuberculous infection which is active or has recently been active.

(c) Where the tuberculo-opsonic power is found normal, or nearly normal, while there are symptoms which suggest tuberculosis, we are not warranted apart from the further test described below in arriving at a positive or a negative diagnosis.

The further test referred to consists in this: When a serum is found to retain in any considerable measure, after it has been heated to 60°C. for 10 minutes, its power of inciting phagocytosis we may conclude that "incitor elements" have been elaborated in the organism, either in response to auto-inoculations occurring spontaneously in the course of tubercular infection, or, as the case may be, under the artificial stimulus supplied by the inoculation of tubercle vaccine.

Further help is obtainable by comparing the opsonic power of the patient's blood with the tuberculo-opsonic power of the fluids derived