culin tests, or who were exposed to tuberculosis, as were the physicians working extensively with that disease.

Thus if one excludes from the clinical normal group those whose blood and tuberculin tests showed variations, those physicians whose work brought them in constant contact with cases, and the one case in which tuberculosis developed, it leaves all the remaining examples in the I_3 or indifferent class. Also it leaves all the undoubtedly exposed cases and those doubtful clinical normals at one time or another in the two higher grades of the inhibitive phenomenon. In other words, the two tests make it possible to take from the clinical normal class certain ones which give the same findings as the undoubtedly exposed cases, which still are free from clinical tuberculosis. That is, these clinical normals were exposed and received their tubercle bacilli implantations.

C. Results Obtained in Cases Giving Doubtful Evidence of Pulmonary Tuberculosis.—It is perhaps as well here to make some observations regarding the clinical classifications adopted, under which the results of the biological findings are shown. It is always a difficult thing—if not impossible—to divide patients into tuberculous and non-tuberculous groups, and this is especially true in a busy tuberculosis clinic of a general hospital. On the staff of such a clinic there naturally must be differences in skill and expertness in technic and interpretation. In view of these conditions it was felt by us that it would perhaps be easier and less influenced by subjective error to form this list (Table 4) by excluding those cases, whom the one or two physicians who examined the patients felt without doubt were cases of tuberculosis; and by further excluding those cases which had already been discharged from the clinic as non-tuberculous. These restrictions probably resulted in the inclusion of a greater percentage of the tuberculosis free than would otherwise have resulted had further subdivision been adopted. It is often easier to make a diagnosis than to exclude the possibility. The only laboratory result playing a part in the classification was the sputum report. These cases then might be summed up by the statement that they included those in whom it was possible that other pathologic conditions might explain the symptoms and findings, or were those whom it seemed advisable to keep under observation because tuberculosis at the moment could not be excluded.

On these cases, the tests have usually been of value only when their repetition showed variations, and the variation, if sufficiently marked, corresponded with the clinical course. This involves naturally a very careful consideration and review of each case. Now, as deductions drawn by any particular interpreter must to a certain extent be biased, the proof of the correctness of the basis of the interpretation must rest upon a large number of cases. It would be impossible in this communication to detail a sufficient number of cases to meet this just criticism, nor do we feel that at present sufficient material has been worked over. Such cases as these in tuberculosis often require many months to furnish the proof of the correctness of the diagnosis. No more than one or two examples will be given to indicate the basis of the interpretation.

The following cases illustrate the aid afforded by the reactions. They are all, as already outlined, cases in whom the diagnosis could not positively be