

each other. Then, with a vaccinating lancet, the point of which has the form of a small chisel, a superficial small scarification is made between the two drops (for the control of the traumatic redness following the small scarification). Finally the same scarification is made inside of the two drops; a few fibres of cotton are put on the drops so that they will not flow. After five minutes the cotton is taken off. No dressing is applied.

The papule is examined after 24 and 48 hours. It is considered positive when the tuberculin scarifications are clearly different from the controlled places, but the inflammatory reactive area must measure at least $1/6$ of an inch."

This paper is concerned with a study of this reaction on 1,407 children in the Escherich Clinic in Vienna, and contains a considerable quantity of statistics. The statistics seem to show that in the first year of life all reacting cases show definite clinical symptoms, whereas in the later years of childhood not all the infected cases as defined by positive reactions to the tuberculin tests, present clinical symptoms. In other words, latent tuberculosis becomes more frequent in succeeding years. In the 10th year of life 70 per cent. of the children reacted to the test for latent tuberculosis.

It was found in cases presenting clinical evidence of tuberculosis a positive reaction was obtained in all cases after 24 hours, whereas in latent tuberculosis, especially in older children about one-half the patients reacted only after some days and some reacted only after a second test. This "secondary reaction" he thinks is indicative of a slight and old tuberculosis infection which is in the process of healing.

He explains the high percentage of infected children as shown by his table as being due to the fact that tuberculosis is notoriously prevalent in Vienna among the poorer classes.

The author suggests that similar studies should be made in every city in order to ascertain the frequency of tuberculosis in general.

The paper concludes with his suggestions as to a definite method for international use:—

All children should be submitted to the cutaneous test. The following day they are to be inspected. Those showing a positive reaction are noted as belonging to the group of early reactions. A week later those who show no reaction are to be again tested and inspected a day later. If they then react they are grouped in the class of secondary reactions.

This method of testing requires about one hour for one hundred children and one half hour is consumed in the inspecting process. The test is absolutely harmless, so there can be no objection as to carrying out such an investigation.