

adenitis; but in neither of these did I think that the test had been a fair one, as they were tried much later in the year and with some of the same old serum, which had probably deteriorated, as it was kept in the ward only and with no special care.

In all the cases of the above series which were operated upon, the pathological reports verified the clinical diagnosis, and in all, care was taken to give the serum only after the temperature had been carefully observed for several days, in order to exclude as far as possible accidental variations. After giving the serum, the temperature was taken every two hours, and this should be kept up for 36 hours at least, as the reaction is sometimes delayed.

Our observations led us to give the following answers to the questions which we had set out to solve:—

(1) That tuberculin is valuable as a diagnostic aid in suspected lesions of glands, synovial sacs and bones. In tuberculous peritonitis, in the two cases tried, it gave no reaction.

(2) Its use was followed by no particular untoward symptoms, either local or constitutional.

(3) That the reaction as shown by rapid increase in temperature varies in time, appears early in acute cases where lesions are large, and should be looked for even as late as 36 hours.

(4) The reaction does not appear to be constant even when tuberculosis is undoubtedly present, but contra, in no case did we get any reaction when tuberculosis, so far as we could determine otherwise, was not present.