cause reaction without previous infection.

The percentage of positive results is in harmony with clinical and autopsy findings. Von Ruck<sup>16</sup> has compiled the following series of cases from the literature:

	Clinical sure Tuberculosis.		Suspected Tuberculosis.		Non- Tuberculosis,	
Subcutaneous test in 7088 cases	89 88%	reacted	63.34%	reacted	51.30%	reacted
Cutaneous test in 6504 cases	85.29%		67.48%	••	31.62%	••
Ophthalmic restin 6449 cases	79.20%	••	57.80%	••	13.74%	••

Pirquet<sup>17</sup> reports that 1.600 С. children who underwent the cutaneous proof, 200 died and were carefully dissected; 68 cases had given a positive reaction, and 66 showed in the post-mortem microscopic tubercles. From autopsy records the percentage of reactions in the cutaneous test follows very closely the incidence of tuberculosis in children. Rarely found at first, it increases up to nearly 70% between the 10th and 14th year, and in as much as Hamburgher's<sup>18</sup> autopsy records show latent and active tuberculosis to be present in about 72% of patients at this age. it seems that the cutaneous test reveals very accurately the presence of both active and latent tuberculosis.

Biswanger<sup>19</sup> has given the subcutaneous test to 261 children under one year and with 13% positive reactions. Forty-five of these cases came to autopsy, 16 of whom had reacted to tuberculin were found to have tuberculosis and 25 who had not reacted were found to be free.

Clinical importance.—How shall we interpret these tests and of what value are they in the diagnosis of tuberculosis? A positive reaction to the subcu-

cutaneous opthalamic taneous.  $\mathbf{or}$ tests, indicates that tubercle is present in the body. This seems to be absolutely specific. We must acknowledge, however, its limitations. No information is given regarding the state of activity of the disease, as old healed tubercles are known to react to the test. Miliarv and far advanced tuberculosis may or may not react to these That reactions have occurred tests. and not tubercles have been found at autopsy is no proof against the specificity of the test as tuberculosis may occur without the presence of tnbercles (Arloing). Wolf-Eisner has endeavoured to formulate diagnostic and prognostic data from the ophthalmic and cutaneous tests. Failure to react when there is manifest active tuberculosis with tubercle bacilli he considers an unfavorable prognostic sign. A promptly appearing severe reaction indicates favourable prognosis. А delayed, mild reaction indicates a healed or latent lesion. These results. however, have not been verified. The tests are only of value when " symptoms " there are suspicious pointing to tuberculosis. They must not be considered absolute but rather confirmatory.

In regard to a choice of methods the cutaneous skin test of Pirquet is to be recommended. Baldwin<sup>20</sup> has to say of it:

"From our "present knowledge of this subject, it is safe to say that a positive skin reaction, when properly interpreted, will be found to give us much information of the actual existence of the infection as any other test. though it does not reveal its situation in the body."

The test is absolutely harmless and free from danger. It is easy of application and free from the annoyance of the other tests. The subcutaneous