

Farther, the opsonic index in such persons does not vary from day to day and does not suffer deterioration for at least twelve hours after withdrawal from the body.

It is quite different when we come to consider the opsonic index in cases of infectious disease. Here variations from the normal may be considerable. Wright in his earlier experiments in the cases of localized staphylococic and tubercular infection found the opsonic index to be below unity. Urwick, who examined 54 cases of tuberculosis, including lupus, pulmonary phthisis, and surgical tuberculosis, obtained a different result, to this extent, at least, that in many cases, especially of pulmonary tuberculosis, the index was above normal, the variations lying between 0.3 and 2.6. In 33 cases of phthisis the index was above 1 in 25 cases, below 1 in 7 cases, and was unity in 1 case. Bulloch investigated the opsonic index in 150 cases of lupus. Compared with an average index of 0.97 in healthy people the average in lupus cases was 0.75. In 25 cases of uncomplicated localized staphylococic infection the index was below normal constantly. The inference to be drawn, with regard to tuberculosis especially, is that in lupus and glandular disease the opsonic index tends to be below the normal: in pulmonary tuberculosis the index is variable, but tends to be above the normal. The "lungers" with a low opsonic index are usually in a very advanced stage of the disease and have an exhausted resisting power. The meaning of these variations will be discussed when we come to consider the diagnostic and prognostic import of the test.

A point of great importance in regard to the interpretation of the results and as affording a reliable guide to the adoption of the remedial measures is this, namely, that the opsonic content of the blood in tuberculous patients varies within wide limits during the course of the disease. We can best understand this if we consider for a moment what occurs after the inoculation of a healthy organism with tuberculin. Wright and others have shewn that after the introduction of a bacterial vaccine, such as tuberculin, (1) There is, subsequent to inoculation, a negative phase during which the opsonic power is decreased: (2) This negative phase is succeeded by a positive phase during which the opsonic power is increased: (3) In the question of treatment, an inoculation is to be regarded as successful if the opsonic power be permanently increased. (4) The same phases occur after every inoculation, but the ultimate result depends upon the correct interspacing of appropriate doses of the vaccine. The effect of a second inoculation, given when the positive phase following the first inoculation is at its height will be to raise the