

of cases of gland involvement, few observations have been made on the remaining types of tuberculous infection, sinus, bone, etc. Only one of the cases of tuberculous glands has given a complement fixation result; all the others have shown various degrees of the inhibitive phenomenon. There has been only one case of supposed tuberculosis of the peritoneum. This case was pronounced undoubtedly one of tuberculosis, even at the time of operation. From the degree of tuberculin sensitiveness and the extent of the inhibitive phenomenon, in consideration with the acuteness of the case, we did not consider that tuberculosis could be the cause of the clinical picture. Inoculation of a guinea-pig with the peritoneal exudate failed to cause tuberculosis. Shortly after the operation the autopsy revealed extensive carcinoma. A circular fibrosis in the intestinal wall, noticed at the time of the operation, was the chief cause for the surgical diagnosis; the postmortem revealed the lesions of healed tuberculosis.

SUMMARY

The facts as presented seem to give strong support to the following statements:

1. An initial tuberculous implantation, where successfully resisted, produces a marked ability of the serum to react with an alcohol-ether extract of tubercle bacilli, as is shown by loss of the power of the antigen-serum mixture to adsorb complement, i. e. contrast to this ability of a comparable antigen-salt mixture.
2. A reactivation or a reimplantation, when successfully resisted, results in an increase of the ability of the serum to react with antigen, but may not in all cases increase the tuberculin sensitiveness, which indeed in a few cases seems to be so slight that a negative von Pirquet skin test results with 10 c.c. of 50 per cent. old tuberculin.
3. Whatever phenomenon the reaction may represent, its estimation under certain restrictions is of practical value for certain cases in diagnosis, for others in prognosis, and in both it becomes an aid in treatment.