BIOLOGICAL CURVES IN TUBERCULOSIS

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In Fig. 7 an example is given (Case No. 1) of repeatedly similar results. Case No. 3, a physician working in tuberculosis, has only had two blood tests, but us far as they are concerned the variation is considered as easily due to the possible error of the technic or interpretation. The rough correlation that seems to exist between a high inhibitive reaction and marked tuberculin sensitiveness is well shown. Case No. 2, already previously reported in 1911, was suspected of clinical tuberculosis, although the actual clinical demonstration was lacking. In this case a very marked change in the character of the cutaneous reaction was noticeable between the second and third tests. The maximum intensity was reached on the fourth day in the second test, and on the beginning of the second day in the third test; the fourth test was also more rapid in its onset than the second.





The dotted lines of the tuberculin reaction signify that amount of halo around the infiltration.

The significance of the rapid onset of the day of maximum intensity of this reaction is referred to in the discussion of these cases.

Case No. 12 remarked before the second blood test that he had been slightly troubled with his knee; a clinical examination revealed no evidence of any