

benefitted and progressive tuberculosis of any form is a contraindication. Focal reactions can be best observed and applied with safety when the focus is localized in the skin, bones, joints, etc., and the lungs are not involved. For therapeutic use the choice of tuberculin lies chiefly between the solutions and emulsions or vaccines. In general, the dosage is more controllable with solutions, and reactions are less frequent from emulsions, though, owing to their uncertain absorption, unexpected reactions may occur if the dose is much increased. The dosage is at present empirical, each individual case must be an experiment and until some standards are established the solutions are safest. Careful clinical oversight is the most satisfactory guide; opsonic determinations, while useful in the hands of a

few laboratory workers, are impracticable for the general practitioner. The subcutaneous method is the only satisfactory one for the therapeutic administration of tuberculin. Inunctions have a possible field in the treatment of skin tuberculosis, otherwise they are impracticable. The emulsions have experimentally some immunizing power against the disease in animals but the amounts which can be given with safety in man are too small to produce this effect. The details of the technic of tuberculin injection vary with the preparation used and the experience of different observers. They are therefore not gone into by the author, whose purpose is merely to state the general principles which should guide and safeguard the use of tuberculin.

