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Further observations on the clinical aspects of hemolysis.

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All cases of tuberculosis showed reverse hemolysis, *i. e.*, normal serum hemolyzed the patient's corpuscles. In all cases serum heated to 55° C. for ten minutes prevented hemolysis. Sudden chilling of the blood according to the method of Hoover and Stone caused a marked increase in the hemolytic action. Plasma obtained by immediately centrifugalizing the serum caused little or no hemolysis in hemolytic cases.

The hemolytic property reaches its maximum about 24 hours after the blood is drawn.

In the cancer group the cases in which the disease was entirely removed lost their hemolytic property in from 12 to 21 days after operation.

In cases in which an incomplete operation was performed the hemolysins continued indefinitely.

Total number of cases studied 591.

			Per cent.
Normals	211	No hemolysis	0
Pyogenic Inf.	71	7 hemolysis	10
Benign tumors	55	No hemolysis	0
Cancer	153	130 hemolysis	85
Post operative cancer cases with clinical recurrence	11	11 hemolysis	100
Post operative cases without clinical recurrence 3 weeks to 15 years after operation	37	No hemolysis	0
Tuberculosis	52	48 hemolysis	92

Our conclusion is that hemolysis occurs in a number of diseases. It occurs in great frequency in cancer and tuberculosis. The reaction in tuberculosis is the reverse of that of cancer. From the clinical standpoint hemolysis offers additional evidence which may be used in the diagnosis of cancer and tuberculosis. This evidence is not as yet specific.