

ened by the natural intolerance of new inquiry for old notions. We are learning how such accidents as shock, chill, pyrexial incidents, local injury, checked secretion, etc., may supply the exciting cause of acute general disease—for example, rheumatic fever, ague, pneumonia, influenza, coryza, acute tuberculosis—since in some cases we know, and in others we may infer, that the organism, specific to such diseases, may long dwell with us in abeyance until permitted to assume active cultivation by depression or modification of the vital conditions under which they have been held restrained. The same conditions that lead up to a common cold in an otherwise healthy man would elicit an attack of ague in a fair proportion of persons who harbour the germs of that disease. And, as I have elsewhere hinted, a careful study of the antecedents and bacteriology of a common cold would probably prove rich in illustrations and elucidations of this thesis in its application to many allied diseases, and in competent hands would furnish matter for a paper well worthy the attention of this Society, or to form the graduation thesis for a university degree.

The question of artificial immunity must become one of increasing importance to our military, naval and civil services, as our improving home sanitation renders us increasingly sensitive to diseases which must for long remain endemic in the distant or tropical regions of our vast empire. With our home populations, except for small-pox, the need of artificial immunity is unlikely ever to be felt, and it is to be hoped that the day will even come when we shall no longer need to devitalize our milk and drinking water, killing the kindly ferments in order to protect us from adventitious and poisonous microbes.

Sir Prescott Hewett, in his presidential address in 1872, noted the fact that pyæmia occurred, not only amongst the crowded inmates of hospital wards, but also in private patients isolated in luxurious and sanitary houses. Dr. Greenhow—a great sanitary authority in his time—referring in 1879 to Sir Prescott's experience, suggested "that it would seem to indicate some state of the patient predisposing him to the disease, or possibly some peculiarity of season favouring its development. We smile with the lofty tolerance of more exact information that such inferences should pass muster in this Society only twenty years ago. Cases, however, I venture to think, come within the experience of physicians and surgeons that would justify Dr. Greenhow's shrewd remark, cases in which incidents of a septic kind—for example, phlebitis and secondary embolism of organs—occur after operations for appendicitis, varicocele, varicose