

index, such as ulcerative endocarditis and puerperal septicæmia. It is in the first class of localized infections that vaccine treatment has been most successful, and Ross reports an illustrative case showing the method of treatment. He also gives his experience with the treatment of boils, carbuncles and other staphylococcic infections by this method and also in the treatment of localized tuberculous conditions with new tuberculin. Lupus he finds rather more refractory than most other forms of localized tuberculosis, since we fail with it as often as we succeed. In early pulmonary tuberculosis, he considers tuberculin a powerful agent for good, but in advanced cases it will be of little benefit. Streptococcic, pneumococcic, gonococcic and other bacterial affections have been treated with success, and cases of cystitis, sinuses, etc., due to infection with bacillus coli communis, have yielded to colon vaccine. He also reports a representative case of the third class of diseases, the septicæmias, and a case of ulcerative endocarditis, successfully controlled by streptococcus vaccine after antistreptococcus serum had failed. In conclusion, Ross states his opinion that inoculation with proper vaccines is a powerful aid in the treatment of many bacterial diseases. There is considerable difference of opinion concerning the relation of the opsonic theory to inoculation, but it is his opinion that while estimation of the opsonic index is often unnecessary, such investigation has been and still is of great service in enabling us to determine the proper dosage and time for inoculation and reinoculation when we are in doubt.

**Indications for Prostatectomy.** John Pardoe concludes a paper on "The Indications for Prostatectomy," read before the section of surgery at the recent meeting of the British Medical Association, and published in the *British Medical Journal* of October 5, as follows: (1.) Except in very early cases, it is not permissible to operate upon carcinoma of the prostate, except with a view to permanent drainage. (2.) In the case of fibrous enlargement interfering with micturition, piecemeal enucleation or a prostatectomy should be done. The mortality of the latter operation is practically nil, and the results are satisfactory, both immediately and permanently. (3.) In very aged men with a marked tolerance of catheter life prostatectomy should not be urged. (4.) Unfortunately catheter life has serious discomforts and dangers for the majority of sufferers, and for these enucleation is by far the best treatment. It should be done at the period of election—namely, before septic infection has taken place. I have tried both perineal and suprapubic complete enucleation and much prefer the latter. (5.) The surgeon should not refuse operation to cases seriously infected and very ill. Their lives are sure to be painful and seldom prolonged if operation is refused, and although the mortality is higher than in selected cases, it is not unduly high, especially if the operation is done in two stages.

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**The Hepatic Functions.**

Writing in the *Medical Record* of September 21, under the heading "The Hepatic Functions, Their Pathology and Treatment," H. Richardson enumerates the liver functions, and then considers especially the antitoxic function. The liver