

surgeons and obstetricians believe that it is beneficial in certain cases. I hold the opinion that this serum saved the lives of six patients I have seen during the last ten years. It has seemed to me that it is most likely to benefit the patients who have acute streptococcic infection, but I have to state that in many cases it did no good; sometimes, I fear, it has done harm.

It is well known to many of you that I had a serious septicemia in the fall of 1900. Although I have published something about this before, I shall ask you to allow me to repeat my story respecting my sensations produced by the injection of this serum. It was injected at a time when I was suffering from intense pain, which was but little influenced by morphin. The pain appeared to be deeply seated in or near left hip-joint. After the injection I gradually experienced a sensation as if something were warming the congealed blood within my heart. This warm blood, as it seemed to me, soon commenced to flow in all directions, causing a delicious feeling of rest and peace, followed shortly by an inclination to take some interest in my surroundings and a desire to live. It appeared to me at the time that the serum brought me back to life.

The inhalation of oxygen is useful at times. Probably the method adopted and taught by the late Dr. W. T. Aikins, a surgeon who was wonderfully ahead of his times in many respects, is the cheapest and best as a general rule. This method was to secure thorough ventilation in every room in which he had a patient. He thought an abundance of free air would provide all the oxygen required, and he considered this one of the most important points in the treatment of any disease.

Physicians and surgeons are hoping for good results from inoculation with bacterial vaccines by Wright's method. As explained by Dr. Ross, the principle involved is that a vaccine consisting of devitalized bacteria of the same strain as that responsible for the patient's infection should be administered by subcutaneous injection in correct doses at appropriate times. The Toronto General Hospital is peculiarly fortunate in having at the head of the Department of Immunization and Research Dr. George W. Ross. The reports already published by Ross are very encouraging. Dr. McIlwraith and I believe that he cured an acute systemic infection (puerperal) last winter. Further details as to this and other patients treated by him will be very interesting.

As to pus collections, there is a general consensus of opinion that they should be evacuated as soon as possible. It was supposed a few years ago that patients suffering from diffuse suppurative peritonitis always died. It was found that operative interference sometimes produced a favorable result. It was then laid down as a law that in such cases the abdomen must be opened, washed out with salt solution and drained. Now the rule with surgeons who are having marvelous suc-