

ratory there should be two inoculation rooms, one for the use of male patients and the other for the use of female patients, and, if possible, a general waiting room. Plenty of light, preferably from the north, should be admitted.

Besides the equipment of an ordinary bacteriological laboratory one needs several pieces of additional apparatus especially designed for such work; a gas blow-pipe with foot bellows, a stock of glass tubing, a special incubator, a refrigerator and scales. Outside of certain changes in a building which we transformed into a laboratory at a cost of \$300, we expended \$500 on purchasing a microscope, a centrifuge, a special incubator, and various other utensils, stains, and fittings. The cost of maintenance of the laboratory is being met in part by students who take the course. During the past month we have received \$125 in fees from them. A fee of \$25 is charged for a three weeks' course, and of \$50 for a six weeks' course. In addition our pay wards are being patronized by patients who are being given the treatment.

#### TYPES OF CASES TREATED.

1. Mr. C.—An in-patient of the hospital for three months suffering from a crushed foot, which had become septic. Two operations had been performed, the third was impossible without destroying the usefulness of the foot. The infection was discovered to be due to a staphylococcus. Inoculation was performed with a vaccine made from the staphylococcus. Control of the infection was almost immediate. The ultimate result was complete restoration of the foot within seven weeks' time.

2. Mr. M.—Suffering from a discharging empyema. Examined eight weeks after an operation; streptococcus infection. Discharge stopped and sinus closed; patient left the hospital at the end of one week and returned to his work. Streptococcus vaccine used.

3. Mrs. B.—Osteomyelitis of the lower jaw in proximity to the joint. Two operations of scraping had been performed; disease still progressed; a third operation impossible without destroying the articulation. After ten days' inoculation of the streptococcus vaccine the infection was controlled and the wound closed. Patient made a complete recovery.

4. Mrs. C.—Chronic pyemia, of several months' duration, following erysipelas. Numerous abscesses formed in different portions of the body, due to the streptococcus. Streptococcus vaccine succeeded in controlling the disease and curing the patient within four weeks.