

perimental researches and clinical studies are still being pursued regularly, for the influence of sero-therapy in the treatment so called, of chronic nephritis is not yet well established; it is even quite probable that the effects of sero-therapy (which by their nature are quite ephemeral (would have but a limited restraint upon the evolution of Bright's disease when it is already pronounced. There are also cases of renal degeneration (amyloid degeneration, for example) in which there is no favorable result to be hoped for.

On the other hand, it has already been established that sero-therapy has a *rapidly efficacious action* on the course of infectious nephritis, and that it can stop, in a manner sometimes surprising, acute attacks of uremia through renal insufficiency, acute or subacute.

Furthermore, in the course of chronic nephritis (interstitial or gouty nephritis principally), when an unforeseen accident (a passing renal congestion or intercurrent infection) has suddenly suppressed the functional activity of the parts of the parenchyma still sound, and thus put the patient in immediate danger of uremia, sero-therapy has rendered valuable service.

Upon this point there can no longer be any doubt; the observations, already numerous, that have been gathered upon it in France and abroad (see recent reports of Van Bogaert, of Antwerp, in *Le Scalpel*, Liege, Dec., 1908) are conclusive proofs, are followed by a return of the diuresis, the cessation of attacks of auto-intoxication, the disappearance of nervous troubles, and the progressive attenuation, even to the point of disappearance of the albuminuria.

Without insisting on the essential mechanism of the effects thus produced, it seems rational to admit, alongside of the certain antitoxic action of renal serum, a stimulating action on the liver, capable of provoking energetically the defensive action of this organ, with respect to the poisons returned in its organism. This reaction of the liver seems to be proved by a frequently enormous elimination of urine, which follows the first serous injections, and this azotising being furthermore independent of every other modification of urinary elimination of other substances dissolved, is a consideration that has led the investigators to believe that distinct service may be rendered by his treatment, both for the cure of nephritis, and for combating and preventing severe attacks of eclampsia.

This very interesting question is at present under study, and in view of the absolute harmlessness of the seric injections and the absence of all risk in making them, all attempts thus far are absolutely legitimate.