

consequently no auto-inoculation can take place. In many of those cases where the body is not inoculating itself you can inoculate for it and bring about a favorable result. Let me refer to a case of empyema which was treated by Dr. Ross at the Victoria Park Chest Hospital in London. The patient's acute symptoms were over, but the conditions seemed to be going on indefinitely. Investigation of pus from the sinus gave a pure culture of pneumococcus. On testing the patient's blood to the pneumococcus it was found to be normal on two occasions; but that makes no great difference, for if the normal resisting power of the patient is not enough to kill off the microbe, what are the indications? Obviously you should increase that power and get a higher power. An inoculation with a vaccine prepared from his own microbe was undertaken and immediately the opsonic index rose from 1.0 to 2.4. Two more inoculations were undertaken at appropriate intervals as shown by examinations of the patient's blood and in the short space of two weeks the discharge ceased, the sinus closed and the patient was discharged cured.

Here happens to be the chart of another case of Dr. Ross's (referring to chart). It refers to a boy who had tubercles on both irises. Inoculation with new tuberculin in proper doses and at appropriate intervals greatly increased the resistance of his blood and maintained a high degree of opsonic power for many months. Although the eye surgeons had seriously considered the advisability of removing an eye (so severe was the involvement of one iris), the patient has so improved under this treatment that his eyes might easily pass for normal and doubtless they will get completely well.

The next case we shall consider is one that has some interest because it shows us that when some cases get well of themselves it may be due to the fact that auto-inoculations have taken place. The patient was a child who had a tubercular knee. While lying in bed two observations were made, and the resisting power upon both occasions was normal. Then the patient's affected knee was massaged. When you massage a part what you do is, you knead it and you press out the fluid from that part into the blood or lymph system. If the tubercle bacillus happens to be growing in a knee, your massage is the equivalent of an inoculation from the fact that you are driving out into the circulation fluid infected with the bacillus. After our first massage there was a lowering of the opsonic power, but the patient came up to normal again. With another massage we got the same result; and to show that this auto-inoculation was the same as an inoculation put under the skin, an inoculation was undertaken with new