

the requisite sera or vaccines. Sir Almroth does not believe that medical men can continue to do this indefinitely, probably for the reason that vaccine therapy and the skill and knowledge of the bacteriologist will ere long predominate in medicine, that is to say, the medical man will become more of a bacteriologist and less of a clinician.

Then follows a psychological analysis of certain questions of morality with respect to the delegation of work on the part of the physician, but this, though interesting, need not concern us at the present moment.

Sir Almroth next proceeds to discuss the limitations of vaccine therapy, and he does it from the following standpoints: (1) "As contended for by the clinician who regards vaccine therapy as an uncomfortable innovation;" (2) "Limitations contended for by the bacteriological worker who looks forward to vaccine therapy being applied in conformity with scientific principle."

He discusses the subject under the following headings:

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| <p>1. "Limitations as contended for by the clinician who regards vaccine therapy as an uncomfortable innovation."</p> | <p>1. "Limitations as contended for by the bacteriological worker who looks forwards to vaccine therapy being applied in conformity with scientific principle."</p> |
| <p>1. "Vaccine therapy finds no useful application except in connection with furunculosis."</p> | <p>1. "Vaccine therapy can be applied only where an exact bacteriological diagnosis has been made, and where the diagnosis is kept up to date."</p> |
| <p>2. "Vaccine therapy is of limited utility, because it can be applied only by those who have devoted study to bacteriology and immunization."</p> | <p>2. "Vaccine therapy can be applied only by those who have some acquaintance with bacteriology, some understanding of the rationale of vaccine therapy, and a knowledge of the dose of the particular vaccine which it is proposed to employ."</p> |