

The total cost per day per patient was 1.16. Of this 23 $\frac{3}{4}$ cents went to provisions, which was an increase of 3 $\frac{1}{4}$ cents over last year. The balance of 93 cents went for maintenance, including staff, servants, employee, etc.

Retrospect of Current Literature.

SURGERY.

UNDER THE CHARGE OF DRS. ARMSTRONG, BARLOW, ARCHIBALD, AND CAMPBELL.

E. MÜLLER and A. PEISER. "The Technic of the Antiferment Treatment of Suppurative Processes." *Beiträge Zur Klin. Chir.*, Oct., LX., Nos. 1-2, 1908.

In the *Münchener Medizinische Wochenschrift*, April 28, 1908, Müller and Peiser first described their method of treating suppurative processes by means of an antifermentative serum, pointing out at the same time that one of the factors in hyperemic treatment was the increase secured in the local supply of antiferment. Peiser obtained excellent results in the treatment of 100 cases with direct irrigation of pus cavities with fluids rich in antiferment, and demonstrated that all acute infections leading to abscess formation yielded to this method of treatment.

In the present paper the authors point out that the most suitable fluid for antiferment treatment is human blood serum;—also fluids obtained by puncture from the thoracic and abdominal cavities, and rendered bacteria free by filtration. Normal animal serum is not suitable. Where puncture fluids are not available, Müller and Peiser have used the serum of the individual, obtained by venous puncture and aspiration, it being necessary to secure one-half as much again of blood as the quantity of serum required. The serum may be separated from the blood either by beating with a sterilized stick and then filtering; by centrifugalizing; or, where not required for immediate use, by allowing it to separate from the clot at ice-chest temperature.

The cases most suitable for this form of treatment are:—

(1) *Abscesses.* In such cases the pus aspirated from the abscess cavity is replaced by an equal quantity of serum through the same needle. This is re-aspirated and the cavity again filled with fresh serum. The needle is then withdrawn. If the inflammatory signs persist, the above procedure is repeated in twenty-four hours. A third inoculation is said to be seldom called for.

(2) *Septic Ulcers.* In such cases dressings saturated with serum are applied daily until the discharge has disappeared.