

and are there directed towards the destruction of the microbes at work.

Sir Almroth Wright next refers to the necessity of increased knowledge for the successful utilization of this method. For example, a medical man who wishes to have recourse to vaccine therapy, ought at least to have a working acquaintance with the microbes which infect the human body. He also ought to understand the general principles of immunization, and be able in some way to arrive at the minimum effective dose of each particular vaccine. He ought further to have a knowledge of the conditions which obtain in the focus of infection, and of the best method of circumventing these difficulties.

The next part of the address is concerned with the question of the relative importance of bacteriology and clinical medicine. In this connection he projects the science of clinical bacteriology to the front. In passing on to it he expresses his astonishment that bacteriology should have taken so long to reach the important place that belongs to it, especially in the face of such discoveries as that of Lord Lister and the agglutination reaction in typhoid fever and of many others. He points out that these methods are clearly bacteriological.

Sir Almroth does not miss this opportunity of having a fling at the pure clinician. He admits that there was a time when the verdict of the pure clinician on a question of diagnosis was incontestable. Diphtheria then meant a condition when a particular kind of false membrane appeared in the throat, and phthisis a disease in which certain noises could be heard down the stethoscope. Now he says diphtheria means an invasion of the throat by the diphtheria bacillus, and phthisis an invasion of the lungs by the tubercle bacillus. One interesting fact is referred to. Physical signs in a given case of say pulmonary tuberculosis fall far short of indicating the true extent of the lesion, and further bacteriological methods discover pathogenic microbes in, for example, typhoid fever and other conditions before a diagnosis could possibly be arrived at by the methods of physical examination.

If one did not know Sir Almroth Wright's mental attitude one would be inclined to think that certain of the remarks which follow are unnecessarily harsh, but those who know him appreciate his keen sense of humor and delight in epigram. He refers in rather emphatic terms to what he considers the desire of the pure clinician to escape the labor of learning bacteriology by the delegation of his bacteriology to institutes or individuals who are concerned with this work, and the use of these same agencies for the production of