

the same position here. There is nothing to prevent our Government from exercising proper supervision over commercial houses who undertake the sale or procuring of vaccine. It is a subject which should be taken up, and would be the means of giving the public more confidence..

DR. GURD :—My experience is very different, I have used the crusts in the big epidemic of 1885, and have had lots of experience with the different methods and preparations of vaccine-crusts, points, tubes containing humanized lymph, and the present glycerinated tubes. Long ago one expected to have a large percentage of primary takes, 50 per cent. would be considered very good primary takes ; in the glycerinated lymph the failures have been nil, either in adults or children. One has to do quite a few adults for the first time, and these have taken admirably, such adults I think have a more severe arm, but there is a typical take. As to the first dressing I have tried everything.

The infants are generally washed and prepared for me so that I do not go to the trouble again of cleaning them, but immediately vaccinate with one mark, putting over this a piece of gutta serena tissue, $\frac{1}{2}$ inch square, and a section of zinc oxide adhesive plaster right over this again. I have timed myself, and it takes just 30 seconds from the time you begin your scarifications. I use glycerinated lymph and a needle, as it is easily cleaned. I tell the person to take off the plaster next day, and by that time it is perfectly dry.

DR. G. A. BROWN had had a considerable experience in vaccination and for a number of years had used the points only. During the past winter he had, on account of the number of failures with the points, tried glycerinated lymph. With that form supplied on points, however, he had not had much better results, but with the tubes had found it rare to have a failure. In his experience, glycerinated lymph as supplied in the tubes had many advantages. The pocks produced were not so severe and one could scarify with a needle and make a much smaller scarification, causing very little pain.

As to what constituted a "take" he was satisfied when the person vaccinated experienced some feeling of being ill from the effect of it. He had had very little trouble with sore arms, having seen only one case, that of a medical student who had been vaccinated by a fellow student, and whose arm was inflamed from wrist to shoulder. This case he had treated as one would a cellulitis and with good result.

Concerning the question as to what were the contraindications for vaccination, he thought that in anæmic persons of low vitality it was a mistake to expose them to the possible risks of sepsis following vaccination.