

If it becomes necessary to close a few places of business on account of the presence of smallpox, no one can be blamed but the responsible head of the firm, who has failed to require the vaccination of his employees." This paragraph should be read by all the employers of labor in Toronto, who should demand vaccination certificates from their employees.

The Opsonins of New Sera, According to MM. Levaditi and Inmann.—MM. Levaditi and Inmann sustain, in a thesis, the opinion that the opsonins of normal sera (Wright and Douglas) are identical with complements, the discovery being confirmed by researches on the aqueous humor, the liquids of experimental edema and leucocytic extracts. From their researches it results that the complemental power and opsonic force of the liquids they employed varied in a parallel fashion. The aqueous humor of a rabbit deprived of bacteriolytic complement exhibited equal inactivity, from the opsonic point of view, and it was the same in transudation liquids. Opsonin is, therefore, identical with complement. As complement does not circulate in blood plasma, in a free state, being enclosed in blood cells, it is evident that its opsonizing properties cannot play an active part in the defensive process of natural immunity.

Considerations on the Frequency of Appendicular Lesions.—

In discussing unusual terminations of appendicitis at the Paris Academy of Medicine (May 7th, 1907), Dr. Richelot stated that appendicitis assumes various forms: attacks of hyperchlorhydria, abdominal pains, volvulus, etc.; it may also be the exciting cause of attacks of the most varied nature. Suppurations underlying the iliac fossa, v.g., psoriasis. This probably accounts for the apparent rarity of appendicitis formerly. Everything relating to acute appendicitis is nowadays well known; the question of chronic appendicitis is a much more difficult one to resolve. Dr. Richelot thinks that the relations between the diseases of the colon and appendicitis seem to be, as yet, insufficiently understood. The coincidence of appendicitis and muco-membranous entero-colitis has been proved to exist in numerous instances. Drs. Potain and Dieulafoy have denied it, because they have looked for acute or subacute appendicitis, with the assemblage of symptoms peculiar to each of these diseases. However, chronic appendicitis, which is hidden,