If the patient refuses to treat himself in this manner, the surgeon should simply wash the stained portion of the bandage in an ounce or two of water in a bottle and give this to the patient to drink. If pus is in the wound when the patient is presented for treatment, he is given two drops of pure pus from his own wound, by the mouth every hour until six drops are taken. A convenient method of doing this is to place six drops of pus in an ounce of water, shake thoroughly and give one-third of this at hourly intervals, then stop all medication. In many instances, that is all that is necessary to do to cure the most stubborn chronic and refractory case of infection. The pus will often stop within twenty-four hours. At first the discharge becomes thin and bloody. Give no more as long as this condition prevails, for this is an indication that the curative reaction is continuing. If the pus should become thick again, simply repeat the process. The foregoing method of treatment is applicable to all wounds that are not directly or indirectly connected with either the alimentary tract or respiratory system. Wounds of this latter class should be treated by the following technique, as in fact may all wounds. The following method of wound treatment is universally applicable to all infected wounds:

Place ten drops of pus in an ounce of water, shake thoroughly, and allow to stand for twenty-four hours, then filter through a Pasteur-Chamberlain or a Berkefeld filter, and inject twenty minims of the bacteria-free filtrate subcutaneously. Repeat the injection only when the discharge becomes thick. This occurs often at the end of the fourth or fifth day; at times, however, but one injection is sufficient.

Auto-immunization in Respiratory Infection.

Prolonged hours in the wet trenches, and undue exposure, must necessarily cause bronchitis, coughs, colds, and even pneumonia to be a frequent occurrence among the soldiers. It is in this class of infections that "Autotherapy" is again at her queenliest, curing these acute conditions almost every time within twenty-four hours if the following technique is properly carried out:

The application of "Autotherapy" to these respiratory conditions is the acme of simplicity and can be employed on the spot wherever the patient may be, if the surgeon has only a small Berkefeld filter and a hypodermic syringe. If sufficient sputum can be obtained, simply filter it through a Berkefeld filter and inject twenty minims subcutaneously. If the patient is in a