

culty and complexity of the problem involved in our effort to appreciate the full result of transfusion. As regards the transfused blood, we have no precise knowledge concerning the fate of the corpuscular elements nor of the plasma. The possibility of the harmful effect of lysins or agglutinins in the blood of the donor or recipient has been feared, but this has been greatly exaggerated. A large amount of clinical evidence has accumulated to warrant us in assuming that no serious harm is to be anticipated from such sources. The laboratory tests for hemolysis and agglutination may be carried out if time and facilities permit, but they are not necessary, and are by no means trustworthy. The laboratory findings in hemolysis, for example, have been found at times at variance with the actual results obtained in the living body. No fatal result has hitherto been reported from either hemolysis or agglutination.

The danger of the transmission of disease makes it essential we should enquire into the past record of the donor, particularly as to whether or not he has had syphilis.

The results of transfusion stand out prominently and are unquestionably of enormous value in the treatment of hemorrhage. These are, first, it increases the power of coagulation of the blood, and, second, it improves the local resistance of the tissues to infection. These facts have been recorded by a number of observers over a large series of cases, and have been shown in the most striking fashion in the cases of secondary hemorrhage which we have personally treated by transfusion. If we stopped there and claimed no more for transfusion, our contention in urging its employment in such cases would be justified. There are, however, other effects which are more difficult to analyse, and yet which we are warranted in believing are of great service. If we introduce, say, a litre of blood with all its constituent elements into the vascular system of an individual suffering from the direct effects of a severe hemorrhage, and if we have reason to believe the transfused blood takes on its normal function in the recipient, the ideal therapeutic measure has obviously been employed. This is admittedly a very complex problem, and we acknowledge our ground is not as sure in the matter of conclusive evidence as it is regarding the effect upon the coagulability of the blood and the increased resistance to infection. If, however, we employ all known tests after transfusion and find no evidence of hemolysis we have strong ground for assuming that the donor's blood, in all its elements, circulates and functions in the recipient. If, for example, we find no evidence of hemoglobin in the urine, we