

February 26th.—20 c.c. serum given, producing no apparent effect whatever.

The patient was given the same general treatment as Case 2, with the addition of saline enemata Oi, q. 6 hrs. She developed pains in her ankles and shoulders. Sank rapidly, and died February 28th. In this case also the diagnosis of septicemia was made from the clinical condition.

In conclusion, I wish to express my obligations to Professor Mackenzie and Dr. Goldie for their aid in the bacteriology of these cases; to Professor Ross for permission to report Case 1, and to Professor Wright for permission to report Cases 2 and 3.

NOTE.—The subject of serum therapeutics is still somewhat indefinite. The standards of strength of most of the anti-toxic serums are, to a certain extent, uncertain. Probably the only exceptions at present are the anti-diphtheritic and anti-tetanic serums. The doses and the effects of dosage in the case of these two serums are fairly definite, and the results in the treatment of diphtheria and tetanus have, in the opinion of the great majority of clinicians, been eminently satisfactory. I think we have good reason to hope that in the near future

we may get equally satisfactory results from the use of anti-streptococcic serum in suitable cases. I watched carefully one of the patients referred to by Dr. McIlwraith, and I certainly thought that she showed improvement (sometimes most marked) after each injection. In the majority of cases, however, which have come under my observation the patients appeared to derive no benefit whatever from the use of the serum. Sometimes this was probably due to the fact that the dosage was too small. The initial dose should be not less than 20 c.c. Sometimes I have reason to believe the serum was worthless. I think the serums on the market now are much more reliable than those manufactured four and five years ago.

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