

ing from a septic process, with well-marked signs of exhaustion and general infection. Such a patient may develop an abscess with each injection, no matter how carefully it may be given, and the bacterium found in the pus is that producing the septic process.

The site of the injection should be into the loose subcutaneous tissue, by preference into that above and behind the great trochanter or into that over the lower quadrants of the anterior abdominal wall. Slight local reaction, in the form of swelling and redness, may occur in any case, but when the firmer tissues are the site of the injection the more severe is the local reaction, swelling and pain great, with a sense of general discomfort, and maybe a rise in temperature.

In contrast with the falling incidence of diphtheria among the children, there has been no change in the percentage among the nursing and house staffs, to whom no immunizing injections have ever been given. Every year there would arise five or six cases among a staff whose average number —, of whom — would be replaced each year. It is in connection with the treatment of these cases that there is a great saving to the patient and to the hospital by the use of what may seem very large initial injections of the serum.

All cases occurring among the staffs were seen within 48 hours, and most of them within 24 hours of the onset of symptoms. At first it was the practice to administer 3,000 to 5,000 units at intervals of 8 hours, until membrane showed signs of improvement. This entailed a stay in bed of 7 to 12 days and a further period of several weeks on holidays to regain strength. The loss to and the crippling of the hospital was almost as great as when cases developed in the wards, and the injury to the patient was more than one would have expected among cases secured early in the first day. All of the nursing and house staffs were appealed to and instructed to report at once any evidence of illness or sore throat, and subsequent cases were seen earlier. These were given 15,000 to 22,000 units in one injection, and in no case were any diphtheria poisoning symptoms existent by the end of 24 hours from the time of injection, nor did the heart at any time show any sign of injury, even when on the fourth or fifth day from the onset the nurses went on duty in the infectious disease wards. The economic value of this method is obvious, and the gain to the patient is so great that the practice of giving large curative injections of the serum to the children has resulted in cutting short the convalescent period by many days.

The above results both in the curative and immunizing dos-