

will be held in the St. Catharines General Hospital on the second Wednesday in January, 1897.

MEDICAL COUNCIL EXAMINATIONS.—At the supplementary examinations of the Ontario Medical Council, held in September, the following candidates were successful: Final: Geo. S. Cameron, Petrolia; J. J. Downing, Kingston; W. F. Gallow, Toronto; J. S. Goodfellow, Sudbury; W. S. Harper, Madoc; J. S. Honsberger, Jordan Station; D. Jamieson, Barrie; E. B. Moles, Arnprior; G. B. Mills, Fergus; D. McEwen, St. Elmo; D. C. McKenzie, Durham; J. B. McMurrich, Toronto; E. G. Quesnel, Alfred; A. F. Reynar, Bolton; R. D. Rudolf, Toronto; W. W. Sands, Sunbury; C. H. Sills, Picton; Emma L. Skinner, Davisville; W. H. Taylor, Toronto; Adelaide Turner, Gananoque; E. C. Weeks, Glencoe; T. W. H. Young, Toronto. Primary: W. E. R. Coad, Toronto; C. C. Fissette, Brantford; W. F. Gallow, Toronto; J. S. Honsberger, Jordan Station; W. S. Harper, Madoc; E. A. P. Hardy, Toronto; R. McKenzie, Toronto; T. B. McDonald, Ripley; W. W. Sands, Sunbury; F. L. Thompson, Mitchell; R. W. White, Hamilton.

ANTITOXIN COLLECTIVE INVESTIGATION (SECOND)— AMERICAN PÆDIATRIC SOCIETY.

To the Profession:

The American Pædiatric Society are encouraged to ask the co-operation of the profession in a further collective investigation. Laryngeal diphtheria is believed to furnish a crucial test for antitoxin; the present aim is to ascertain (1) what percentage of cases of laryngeal diphtheria recover without operation under antitoxin treatment; (2) what percentage of operated cases recover.

The society asks for records of cases of *diphtheria involving the larynx whether operated on or not, occurring in private practice in the United States and Canada, treated with antitoxin*. It is expected that the cases occurring this year will be treated with reliable preparations of the serum, will be treated early, and will be given efficient doses. The second report is designed to be a study of cases occurring between the closing of the first report, May 1st, 1896, and the closing of the present collective investigation, April 1st, 1897.

In order to secure data which shall make the tables complete, circulars containing blanks for ten cases have been printed and are now ready for distribution. It is desired that physicians shall fill out circulars, blanks, as cases occur, not trusting to memory, and shall urge their friends having similar cases to do the same. Circulars can be had by applying to the committee (address below). Several groups of cases in the first investigation arrived too late, and were lost to the report. It is desired that circulars, as soon as filled (ten cases), be returned to the committee. The collection of cases must close at the end of March, 1897.

For extra circulars (blanks), for returning circulars (filled), and for further information, address the chairman of the committee:

October, 1896. W. P. NORTHRUP, M.D.,
57 East 79th Street, New York, N.Y.

THE ACTION OF THE SOCIETY UPON THE FIRST REPORT.

(1) *Dosage.* For a child over two years old the dose of antitoxin should be, in all laryngeal cases with stenosis, and in all other severe cases, 1,500 to 2,000 units for the first injection, to be repeated in from eighteen to twenty-four hours if there is no improvement; a third dose after a similar interval, if necessary. For severe cases in children under two years, and for mild cases over that age, the initial dose should be 1,000 units, to be repeated as above if necessary; a second dose is not usually required. The dosage should always be estimated in antitoxin units, and not of the amount of serum.

(2) *Quality of antitoxin.* The most concentrated strength of an absolutely reliable preparation.