

toxin had apparently cleared up the diphtheria, yet the patients subsequently died of diphtheritic paralysis. He pointed out the liability to mixed forms of infection and quoted Dr. Welch of Johns Hopkins to the effect that all these forms of pathogenic bacteria affecting respiratory tract were liable to be found in the mouth in perfect health.

Dr. Gibson said that along one line they had quite an epidemic of diphtheria. In his earlier cases, some twelve or fifteen, he did not consider it necessary to use antitoxin. In using antitoxin, every case in which he used it the patient had been benefited. He used it both for its curative and immunizing effect. His general experience was that after giving a good full dose the temperature was reduced from two to three degrees in twelve hours. In one case lately he had not used antitoxin, but regretted it, as the case had not progressed so favorably and quickly as the others.

The President in closing the discussion said in reference to the differential diagnosis of diphtheritic membranous croup and laryngeal diphtheria that he thought there was no difference. He thought that in some cases we have mixed infections and could not lay the blame on the antitoxin. He had seen a little child who, under all ordinary circumstances, would have died, recover under antitoxin. He was certain under another treatment it would have died. He thanked the members for the honor they had done him.

**CEPHELINE.**—An alkaloid occurring with emetine in ipecacuanha, separated by Dr. Paul. It is superior to emetine as a pure emetic,  $\frac{1}{8}$  grain acting promptly within an hour, and the arterial pressure is not lowered so considerably. As an antidote, however, it is not equal to emetine, as its action is too slow.—*Medical Times and Hospital Gazette.*

## Special Selections.

### THE EXPEDIENCY OF THE CHANGE FROM MUNICIPAL TO COUNTY MEDICAL HEALTH OFFICERS, FOR PROMOTING EFFICIENCY AND ECONOMY IN THE PUBLIC HEALTH SERVICE.

By P. H. BRYCE, M.A., M.D., Secretary Provincial Board of Health of Ontario.

*To the President and Members of the Association of Executive Health Officers of Ontario:*

*Gentlemen,*—I propose in my paper to urge some reasons for giving our medical health officers a special training in chemistry and biology; but before doing so I shall make some remarks concerning a phase of the problem upon which the practical results of any facilities made for the training of health officers must necessarily depend. This, as may naturally be supposed, is the position and present status of the medical officer of health in Ontario.

It will be remembered that at the annual meeting of this Association held in Trenton in 1891, Dr. J. Coventry, Medical Health Officer of Windsor, read a paper on "Auxiliaries to the Health Office," and, amongst the many apt remarks therein made, I quote the following:

"At the other end of the line legislators have been most lavish with the executive powers conferred upon him (the M.H.O.); but at this point they have deserted him at the mercy of the municipal council to remunerate him for his services."

And again, "the medical health officer should become familiar with the methods of examining foods and other articles of daily use, and his salary might be made contingent on his ability to pass an examination, a