

and gave a full dose of antitoxin. They were surprised to see the next day the amount of casts from the bronchial tubes. On the second day she coughed up more, the fragments of which formed a perfect cast of the larynx. Recovered perfectly. On question of President, said antitoxin used was P., D. & Co.'s. He was satisfied that some of these were just such cases as in ordinary circumstances would die. He had seen good results within twenty-four hours after administration.

Dr. McAlpine said the discussion was apropos, as there was so much of it in the neighborhood. He thought there was no case in Petrolia carried about through neglect, as the Boards of Health had been very active. In regard to antitoxin, he had not in cases of diphtheritic croup had much benefit from it, but thought the remedy was not administered sufficiently early to satisfy him of its value. On question of Dr. Harvey, whether he had performed tracheotomy, he said that one patient died twelve hours after administration, the other five hours. Drs. Harvey and Fraser both agreed that the antitoxin had no chance.

Dr. Hodgins said that they had had considerable diphtheria and he had not had success in membranous croup where it was used so late that the patients did not get the benefit of it; that in many cases he thought tracheotomy should be done with the administration of antitoxin. He thought it was a most valuable remedy.

Dr. Dunfield had not used antitoxin in all cases which he thought were diphtheria. In one case of a child three years of age he used his regular treatment, but the disease was gaining ground. He telegraphed P., D. & Co. for antitoxin, and administered the first dose one thousand units in the evening, temperature  $104^{\circ}$ , pharynx full of membrane. Next day temperature lowered and membrane loosened. Repeated five hundred units and child further im-

proved, membrane coming away; on third day child was sitting up. He had four or five cases of what he considered true diphtheritic croup. Used antitoxin and patient recovered perfectly. Antitoxin is a perfectly safe remedy injected deep in gluteal muscles. He would not hesitate in severe cases to inject, in a child of five years, one thousand units in the morning, and a second one thousand units at night. He thought the safest way was, when in doubt give antitoxin.

Dr. Wilkinson had had a limited experience with antitoxin. In six cases treated recently with antitoxin all recovered. Of the six previous cases four died. One case of the former he saw in consultation with an old physician who said from the appearance of the patient it would surely die. Yet the patient recovered perfectly under antitoxin. In this connection Dr. Wilkinson made a most valuable suggestion, and that was that there should be a Medical Health Officer for each county, paid by the Government or municipality, whose duty it should be to do all forms of health laboratory work for the district, and who should be the authoritative health officer.

Dr. MacLean was very much struck with Dr. Dunfield's suggestion that when in doubt administer antitoxin. He considered that most of the failures were from too late administration. He impressed the necessity of a scholarship and the stimulation of excellence among the rising generation of the profession; that an Osler was certainly a greater monument to the profession than a pile of buildings in Toronto.

Dr. Fraser said that from his experience in a number of cases in which he had used antitoxin he would disagree with Dr. McAlpine in the value of antitoxin. In all forms of diphtheria he had found it of great value. It was necessary to remember that in children this form often comes on very insidiously. He mentioned a couple of cases in which the anti-