

and in other severe cases 1,500 to 2,000 units for the first injection, to be repeated in 18 to 24 hours if there is no improvement. For mild cases and for severe cases under two years, the initial dose should be 1000 units, repeated if necessary. Always estimate the dose in units, not in amount of serum. (2) Quality of Antitoxin. One should use the most concentrated strength of an absolutely reliable preparation. (3) Time of Administration. Antitoxin should be administered as soon as a clinical diagnosis is made. However late the first observation is made, an injection should be given unless the progress of the case is satisfactory.

The entire report of the Committee of the Society is worthy of study, and taken in all is one of the most favorable reports as to the efficacy of antitoxic serum yet published.

TABLE I.

Comparison Table between cases of the Metropolitan Hospital Asylums Board of London, and the private cases of the American Pediatric Society; shows the day of disease on which patient came under treatment—with antitoxin or otherwise—and the percentage death rate.

British Med. Journal, July, 1896.

Day of Disease	Metropolitan Asylum Board.		American Pediatric Society.
	1894. Without Antitoxin.	1895. With Antitoxin.	With Antitoxin.
1st	22.5	11.7	4.9
2nd	27.0	12.5	7.4
3rd	29.4	23.0	8.8
4th	31.6	25.1	20.7
5th and over.	30.8	27.1	35.3
Unknown.			8.2

TABLE II.

Showing the ages of patients and mortality rate in cases of Metropolitan Asylums Board and cases of American Pediatric Society.

Ages.	Metropolitan Asylums Board.			American Pediatric Society.
	1894. Without Antitoxin.	1895. With Antitoxin.	1895. All Cases.	With Antitoxin.
0-2 years.	61.9	51.1	48.5	23.3
2-5 "	43.7	33.5	30.7	14.7
5-10 "	26.0	24.0	19.4	12.1
10-15 "	11.2	13.6	8.4	6.2
15-20 "	4.3	12.0	7.2	3.2
20 and over.	6.5	3.9	2.5	3.8
All ages.	29.6	28.1	22.5	12.3

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