Dr. G. C. Kidd, \$2; Mr. O. G. Johns, \$5; Mr. A. J. Gould, \$2; Mr. H. G. Paton, \$2; Mr. W. H. A. Semple, \$2; Dr. R. E. Valin, \$10; Dr. F. P. Quinn, \$5; Dr. E. G. Quesnel, \$2; R. K. Paterson, \$10; Dr. Elizabeth Embury, \$2; Dr. R. Chevrier, \$10; Saskatoon Pharm. Association, \$500; Dr. J. F. Argue, \$10; Dr. D. M. Robertson, \$10; Dr. R. Law, \$5; Dr. A. S. McElroy, \$5; Dr. T. H. Leggett, \$5; Dr. F. W. Mohr, \$5; Dr. I. G. Smith, \$5; Dr. W. F. Maybury, \$10; Dr. C. H. Brown, \$5; Dr. C. E. Preston, \$5; Dr. Warren S. Lyman, \$5; Dr. Evans, \$5; Dr. M. H. Reynolds, \$5; Dr. Sir James Grant, \$10; Dr. J. D. Courtenay, \$25; Dr. Hugh Fleming, \$5; Dr. G. S. MacCarthy, \$10; Dr. H. B. Moffatt, \$5; Dr. R. W. Powell, \$5; Dr. T. A. Watterson, \$5; Dr. C. Laidlaw, \$5; Dr. J. T. Basken, \$5; Dr. C. T. Ballantyne, \$5; Dr. J. S. Nelson, \$10; Dr. R. E. Webster, \$25; Dr. R. S. Minnes, \$10; Dr. J. L. Chabot, \$25; Dr. D. T. Smith, \$25; Dr. J. R. O'Brien, \$25; Dr. E. M. Lambert, \$25; Dr. Thomas Gibson, \$25; Dr. E. Bourque, \$3; Dr. R. H. Ellis, \$10; Dr. S. M. Nagle, \$5; Dr. R. H. Parent, \$5; Dr. H. L. Simms, \$5; Dr. J. H. Laidlaw, \$2; G. E. Booth, \$3; Dr. R. M. Coulter, \$10; Ottawa Medical Chirurgical Society, \$50; St. Thomas, per Dr. Lawrence, \$119.

VACCINATION

Most of us must sometimes have wondered how far the vaccination of infants affects the type and epidemic periods of smallpox in this country, and to what extent our protection against epidemics in future will be influenced by the diminution which is taking place in the systematic vaccination of children. matter of history, the general adoption of infancy vaccination produced a marked change for the better in the epidemiological facts of smallpox; the disease ceased to be endemic, generally prevalent, and often fatal amongst children, and became rarer in its visitations and more and more one from which the principal sufferers It does not necessarily follow, howwho remained were adults. over, that under modern methods of dealing with smallpox reversion to an unprotected child population would entail reversion to eighteenth century prevalence. Again, it is beyond question that the protection of infancy vaccination, which as regards attack continues for several years, and as regards severity of illness lasts well into adult life or even to advanced age, has been priceless in past decades, when the population was running relatively large