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*ANTI-TOXINE IMMUNIZATION.

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I presume I should offer an apology for having brought this subject to the notice of medical men, since it is one about which so much has lately been written, yet regarding which so much doubt apparently exists.

Medical journals have been publishing observations relating to the effect of the hypodermic administration of anti-toxine in the patient after he has contracted diphtheria, but seldom do we read much regarding its action on the individual exposed to contagion, yet at the time of the administration of the serum manifesting no clinical symptoms of the disease.

I shall endeavor to give a few notes regarding an outbreak of diphtheria in the wards of the Hospital for Sick Children, Toronto, the means adopted to prevent the spread of the disease, and a table showing the effect of the injection of anti-toxine in different parts of the body, on the temperature, pulse and respiration.

The Hospital for Sick Children does not admit to its wards patients suffering from any infectious disease, and when any such disease shows signs of development (which is an almost unavoidable occurrence in a large hospital for children), the patient so affected is immediately removed to a small isolated ward, known as a "suspect" ward. Then supposing the symptoms be those of diphtheria, a swab taken from the throat is ex-

*Read before the District Meeting Bay of Quinte Medical Association.