Table II.

Showing the results obtained by Antitoxin Treatment according to the period after the onset of the disease at which the injection is given (Dieudonné), demonstrating the importance of early treatment.

Author.	Total of cases.	Percentage of total mortality.	First day.	Second day.	Third day.	Fourth day.	Fifth day.	Sixth day.	After sixth day.
Welch	1,189	14·2	2·3	8·1	13·5	19·0	29·3	34·2	33·7
Hilbert	2,428	18·3	2·2	7·6	17·1	23·8	33·9	34·1	38·2
Collective Investigation of the American Pædiatric Society ...	5,794	12·3	4·9	7·4	8·8	20·7	35·3	—	—
Collective Investigation in Austrian Sanitary Department ...	1,103	12·6	8·0	6·6	9·8	25·5	28 8	30·7	21·0
Collective Investigation of the Imperial German Health Office	9,581	15·5	6 6	8·3	12·9	17·0	23·2	—	26·9

Table III.

Showing Percentage Mortality at the Brook Hospital during 1901, and the results obtained from the injection of Antitoxin on the different days of the disease.

Day of Disease...	1st	2nd	3rd	4th	5th and subsequent.
No. of cases ...	38	170	192	137	186
Percentage death-rate	0·0	4·1	11·9	12·4	16·6

Dr. MacCombie states that at this hospital, during five consecutive years, there has not been a death among the cases that came under antitoxin on the first day of the disease, and that during the same period among cases treated on the second day the death-rate has not exceeded 5·4 per cent.

From this may be deduced the rule to inject the antitoxin as early as possible. Time must not be lost by waiting for the bacteriological report which may be necessary to confirm the clinical diagnosis.

Prophylactic Action.

Hitherto in England diphtheria antitoxin has not been much used as a prophylactic, though in certain outbreaks, such as those at Cambridge and Chesterton, it was employed with considerable success. In France, Germany, and America, however, very valuable results have been obtained in this direction. The experience obtained in the clinics of Baginsky and Heubner in particular confirms the value of the antitoxin as a preventive.

It may be interesting to note here an experience which occurred in Heubner's clinic. From 1895 onwards prophylactic injections were given every three weeks to all the patients, and the outbreaks of diphtheria which had formerly regularly occurred in the wards came to an end. In October, 1897, this precautionary measure was stopped in a wing not used for infectious cases, and in November cases of house-infection broke out in this department. A general prophylactic inoculation was again carried out, and the occurrence of cases completely stopped. Such prophylactic injections are especially recommended in large families and schools should an outbreak occur.

Dosage.

250 units are sufficient for this purpose, that is to say, a single dose of 1 c.c. of the antitoxin as sent out by the Institute.

The flank between the crest of the ilium and the last rib and the lower part of the abdomen are generally selected, but any region with loose subcutaneous connective tissue is suitable. The injection should be subcutaneous.

In performing the injection strict antisepsis must be observed. The syringe must be well washed and boiled before use. The skin must be well cleansed with soap and water, and afterwards treated with an antiseptic such as 1 in 1,000 corrosive sublimate solution, or 1 in 20 carbolic acid solution.

(To be continued.)

It is reported in the *Muenchener medicinische Wochenschrift* that Dr. Herbert "examined the excretions of ninety-eight convalescents from typhoid, the urine 228 times, and the fæces 216 times. Typhoid bacilli were found in the urine of 18 per cent. of the cases and in the fæces of 3 per cent. of the cases. They were present in very large numbers in the urine, and in very small numbers in the fæces. In the cases in which the findings were positive, four were severe, eleven moderate, and three very light. It is of great practical importance to know that the bacilli are so often found in the urine of convalescents during the first four weeks. The length of time intervening between the last day of fever and the disappearance of the bacilli from the urine is from eight to twenty-seven days. In the second month of reconvalescence with one exception, the excretions were free from typhoid bacilli."

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