

lates gave negative resorcin tests. This shows that chloroform and volatile substances of the various organs will not respond to the tests.

Portions of brain, liver, kidney, lungs, stomach and intestine to which small amounts of chloral had been added (100 to 200 mg.) were distilled with steam. In each case both the modified resorcin test and the phloroglucin test responded strongly positive.

64 (1439).

Immunity results from toxin-antitoxin injections.

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It has already been reported that three injections of toxin-antitoxin given to children susceptible to diphtheria produced in about 90 per cent. sufficient antitoxin to give a negative Schick test and that the remaining 10 per cent. could be immunized by a second series of injections. Also that this immunity had lasted for $2\frac{1}{4}$ years.

It still remained to be determined whether this immunity would continue unabated, and also whether it is possible to immunize infants while immune from the antitoxin transmitted to them through their mothers. Tests have just been completed on several institutions in which $3\frac{1}{4}$ years have elapsed since the toxin-antitoxin injections. The immunity continues as well developed as in $2\frac{1}{4}$ years. It is hoped therefore, that the acquired immunity may persist possibly for life as in the case of natural immunity. Our ability to immunize the infants with passive immunity is being tested on a large scale, some 1800 infants having been injected. Only fifty of these have reached a period for testing. These show an immunity of 70 per cent. against an average immunity of those at the same age (8 months) not treated of 30 per cent. It seems therefore, that a very fair success can be achieved in young infants and that with greater knowledge it is possible to hope for a complete success. Small children and infants in contradistinction to adults show almost no local or general reaction to the injections.