adequate to the needs of daily life in a hearing and speaking community.

2. Those deaf persons who are engaged in teaching by means of finger-spelling and the sign language in the "Combined Schools," and who would lose their positions if the greater part of the school were devoted to oral instruction.

3. Those hearing persons who have been associated with the education of the deaf by the early methods for very many years and naturally are averse to any drastic change at this late hour in their lives.

The increasing intelligence of parents of the deaf on this subject, and of people in general, especially of physicians who see the deaf children early in their lives, is making the task of these opponents of progress more and more difficult. Most of the persons in charge of the institutions are now convinced of the desirability of such a *segregated oral department in every school for the deaf*, and a few more years will probably see this accomplished. The arrival of this much-to-be-desired change can be greatly hastened by the universally exerted influence upon parents and legislators of every physician in the country. Let each one do what he can in his own community. The editor of this department will be glad to supply anyone interested with literature that can be used in such a campaign.

Simplified Technic in the Application of the Schick Test.

W. LITTERER, *Southern Med. Jour.*, Feb., 1917.

The author first dissolves the dried diphtheria toxin in sterile normal salt solution and injects 0.2 c.c. into, not under, the skin. A positive reaction is indicated by an area of infiltration, up to about one inch in diameter, more intense in the center and lasting about 10 to 14 days. Its disappearance is gradual, leaving a brown desquamated surface. This reaction indicates that the patient is susceptible to diphtheria; those who do not give this reaction possess a natural immunity. A pseudo-reaction, due to local anaphylaxis, is more sharply circumscribed, comes on earlier and disappears in from 24 to 48 hours.

ED.