

The pulse was rapid and the temperature was 102° F. The urine was albuminous and contained casts and leucocytes. The heart and nervous system were negative.

He received 15,000 units of antitoxin on admission, and, as the condition was unaltered, the following morning 10,000 more, and again on the following two days 10,000 each, when the temperature fell and the membrane disappeared by October 3rd.

Improvement from this date was continuous until October 20th, one month after admission, when the voice became nasal and food was regurgitated through the nostrils.

Shortly afterward a double internal squint developed and weakness of both arms and legs appeared. It was noticed also that it was impossible for the patient to maintain his head in the erect position, as it would wobble from front to back or from side to side. There was no facial paralysis nor paralysis of the tongue. The pupils reacted, though sluggishly to light and accommodation, and the knee jerks were absent.

Early in November there appeared the same filling up of the pharynx with mucus, toneless cough, and inability to swallow, which were present in the first case. Later, there was complete loss of power in the diaphragm, indicated by recession of the epigastrium during inspiration, and death occurred on November 13th, the 67th day of the disease.

The autopsy performed eight hours after death revealed no microscopical changes in the pneumogastric or phrenic nerves—the heart was not dilated and but slightly fatty, but one interesting feature was a condition of evidently acute dilatation of the stomach—the organ holding over one litre and occupying a large part of the abdomen.

No examination of the central nervous system was obtained.

The comparative infrequency of the severe forms of paralysis after diphtheria is shown by Rolleston's figures of 1,500 cases of diphtheria in *The Practitioner* of January, 1909, among whom there were 335 cases or 22.3 per cent. of some form of paralysis. Of these 0.6 per cent. were of the diaphragm, 1.4 per cent. pharyngeal and 3.6 per cent. cardiac. Palatal paralysis, the most common form, occurred in 15.2 per cent.

All of the diaphragmatic paralyses set in after the fourth week.

In the matter of prognosis, Rolleston found that cases developing paralysis of the palate before the third week, showed a mortality of 35.00 per cent. from cardiac failure, as compared with a mortality of 1.4 per cent. in cases developing it at a later date.

Although in large statistics the prevalence of paralysis is as great in cases receiving antitoxin as it was before antitoxin was used, which is due to the fact that so many more recover to have paralysis; the follow-