

case, just as he got the tube in, the child succumbed. He could not say what was the cause of death, not being from any obstruction. If our cases have gone on to secondary infection, does not think antitoxin can be of any benefit, as now other germs have infected the patient. He agreed with Dr. ALTHERTON, to combine calomel fumigation where secondary infection was present and antitoxin with it can do no harm.

Dr. MARIA L. ANGWIN, (Halifax), made a few remarks about the last case referred to by Dr. JONES. The tube had been introduced, and shortly after child had coughed it up. On its re-introduction patient died.

Dr. G. E. DEWITT, (Wolfville), stated that on his recent visit across the Atlantic, he found great difference of opinion concerning antitoxin. Some men reported 80 per cent. of recoveries, others not so much, while again others were not using it at all. He has not used antitoxin yet in his own practice, though has a supply. Perhaps has not so much faith in it as others, but hopes the enthusiasm of it will continue on account of the good results obtained from its use. There are gentlemen in country practice who still fail to recognize laryngeal as the same disease as pharyngeal diphtheria; most of the former cases they call "true croup" and not diphtheria. In 3 cases of laryngeal mentioned, 2 died, while the third after apparent recovery, was reinfected he believes, the latter time appearing mostly on the pharynx, and died. Our enthusiasm of any particular remedy must not allow us to ride it into a hobby, but also use other measures to keep the excretory organs in good condition.

Dr. WM. CHRISTIE, (St. John,) thought it very confusing about the doses and different units recommended by different firms. He was afraid antitoxin would pass away in a few years as a fad.

Dr. J. G. NUGENT, (Briggs Corner,) had used 500 units in a case of laryngeal type, and later on the day 500 more. Patient felt better next day and ultimately recovered. He believes antitoxin saved the boys life. In every case he had, relief came almost immediately and heroic doses had not been used.

Dr. MORRISON in closing the discussion, said that intubation was often difficult, and not so simple as Dr. JONES made it out to be. It would be well if every practitioner would do intubation but he was not always prepared to do it. Never saw any difficulties from intubation in his 43 cases, except the coughing up of the tube, in 2 only. About the matter of units, Parke, Davis & Co. explain that well. Horses do not produce the same, so that a centimetre from one animal may not have the same