The heart, lungs, kidneys and nervous system were normal. The boy received 6,000 units of antitoxin, and, as the membrane showed no change, on the following day this dose was repeated. The throat gradually cleared up, the temperature came gradually down, and the general condition improved until December 5th, when the pulse fell rapidly from 120 to 60, where it remained for some days. The boy vomited on several occasions and on December 13th, ten days after admission, there was noticed a nasal twang to his voice and the soft palate failed to move on phonation. Regurgitation of fluids through the nose now set in and the patient's condition was one of moderate weakness and pallor, but was otherwise unchanged until January 4th, 1907, when excessive amounts of mucus were noticed to appear in the mouth and throat, which the child seemed unable to expectorate properly, and the cough with which he attempted to do so, was gurgling and toneless. Swallowing became so difficult that his nutrition was rapidly failing and on January 14, it was necessary to begin feeding by a stomach tube in spite of a marked cardiac dilatation which had appeared in the meantime. Diaphragmatic breathing now became greatly diminished, and for some days indeed the breathing was entirely costal.

The note made on January 14th is as follows:—"His condition is one of extreme weakness, with severe vomiting and a variable pulse, and the diaphragm seems to be gradually losing its action."

Feeding by the stomach tube was continued until January 29th—15 days—and on this day he began to swallow a little food naturally. Improvement gradually came on until on March 28th he was discharged 'Well.' There was at no time any ocular palsy, definite paralysis of the extremities, nor loss of knee jerks.

Case II was a boy of 5 years, referred from the Outdoor Department of the Montreal General Hospital on September 21st, 1908, with the history that for two weeks he had had a discharging sore behind his right ear, and on September 19th began to complain of sore throat and swelling of the neck, which rapidly increased, and on the 20th he was taken to the General Hospital where a diagnosis of diphtheria was made and he was transferred to the Alexandra Hospital.

When seen on the 21st he presented a picture of extremely severe diphtheria. His neck and parotid regions were greatly swollen and œdematous; the tonsils, faucial pillars and pharynx were covered with membrane. The nostrils were discharging a large amount of purulent secretion; membrane was seen in the left nostril, and on the upper lip, and behind the right ear were grayish sloughs. The sores on the skin and the membrane in the nose and the throat all yielded diphtheria bacilli on culture.