

there was septicæmic poisoning from absorption into the wound of some micro organisms. There was thrombosis of left femoral vein, extensive infiltration of the connective tissue between the integument and superficial layer of muscles, the limb being swollen to twice its normal size, followed by great destruction of the infiltration portion. Before the pus discharge began the limb had in some parts assumed a gangrenous appearance, being covered with a number of blebs and ecchymoses, and the general symptoms pointed to a fatal termination. The treatment consisted of incisions and a free use of milk, whiskey, quinine and iron. At the end of the third week, the patient had a very severe attack of nervous trouble, characterized by tonic and clonic spasms of nearly all the muscles of the body except the head. The Doctor classified this as tetany. The seizures returned for over a week when the patient made a good recovery.

**Calomel Fumigation in the Treatment of Laryngeal Diphtheria.** by Dr. McMAHON. He referred to the frightful mortality under the old methods of treatment, even intubation or tracheotomy saving but 20 to 30 per cent. of cases in average epidemics. He thought it yet too soon to fix the value of the antitoxine treatment, and described at length a method first used by Dr. Job Corbin, of Brooklyn, in which calomel was burned under a tent and the fumes inhaled by the patient. Dr. Corbin in his first paper reported 30 cases, 25 of which (82½ per cent.) recovered. Later Dr. Maddren reported 505 (in the practice of 76 physicians), of which 54 (5 per cent.) recovered.

The experience of Dr. ANDREW EADIE, of Toronto, was then related. He gave a history of eleven cases with nine recoveries without intubation, and three with intubation. One of the fatal cases died of systemic infection on the fourth day after treatment was commenced. The other died on the fifth day, intubation having been refused by parents.

Dr. McMAHON had nine cases exclusively under his own care, all of severe type. Two recovered and four died. Of the four who died none succumbed to laryngeal stenosis; but death was due to general infection. He related the history of these cases.

Dr. SHEARD'S experience at the Toronto Isolation Hospital was next related. Sixty-two cases were treated with calomel and forty-three recovered, not one of which was intubated; of the nineteen deaths nine were reported due to laryngeal stenosis. In no case did the patient die before the fourth day of the disease, and some died as late as the twenty-fifth. The death-rate from laryngeal diphtheria previous to the use of the calomel treatment was about 70 per cent. in spite of intubation. In all this made eighty-two cases in Toronto, treated