

nourishment and medicine taken is retained. Is very restless; no more convulsions. Pulse 160.

9 p.m.—Dr. Kennedy saw the case with me this evening. Membrane has extended slightly. Child has been very restless. The eruption, like that of scarlet fever, is now very well marked on inside of thighs. Applied the liquor ferri perchloridi to throat, in form of spray, by means of the atomizer, and advised hot camomile poultices around the throat, to be changed every hour and a half, and to have half an ounce of brandy, in divided doses, every three hours. To push nourishment regularly during the night. Dr. Kennedy remained in charge all night, and reported in the morning a restless early portion of the night—the after portion more quiet.

I will not further report this case in detail; but will say that the treatment above mentioned, with the addition of a quarter of a grain of quinine to the iron mixture, was faithfully carried out. There was no visible extension of the membrane, and by Sunday the child swallowed well and took food readily. On Monday and Tuesday the tonsillar inflammation seemed abating, and considerable pieces of membrane were thrown off, and discharged. The spirits of the child improved wonderfully, and it would sit up in bed, and asked for its playthings. I was hopeful to a degree of the result. On my visit on Wednesday morning I was told that toward daylight she had got restless, and had coughed several times distinctly croupy. Examination of the throat showed increased congestion of tonsils but no evidence of fresh membrane. The breathing was good, and the air entered the lungs freely. I, however, was anxious, and returned at one, p.m., but found patient in about same condition. Returned again at about five, p.m., when I was informed that she had slept a couple of hours, and had coughed several times, and not so croupy. At eight, p.m., when I made my visit, the change noticeable in my little patient was most decided. The restlessness was marked, cough loudly croupy, and breathing rapidly becoming stridulous. Examination of throat revealed no change from last report. Dr. Kennedy, who had seen the case with me regularly twice a day, and myself, decided to ask for additional advice, and Dr. Howard was sent for, and at nine, p.m., met us in consultation. We agreed as to the extension of the membrane down the larynx and to the desperate character the disease had now assumed. Treatment similar to that adopted in Case No. I, was decided upon, save that no attempt was made to brush over the affected part with solution of nitrate of silver. Dr. Kennedy, who remained all

night, desisted from the emetics after one administration, as the collapse that followed their action was so serious as to threaten life. The symptoms gradually grew worse, till all the symptoms of diphtheritic croup were present, and at eleven, a.m., on Thursday, the patient died.

CASE III.—Mrs. W., mother of the above two children, was a lady twenty-five years of age, of delicate nervous organization, and especially prone to throat and chest affections. Ever since her marriage and arrival in this country, over five years ago, I have been her medical attendant, and have some five or six times had to attend her for mild attacks of tonsillitis, induced upon the slightest exposure—and several times also for bronchial affections. In December last she was confined to her bed for several days with a very mild attack of tonsillitis, from which she recovered rapidly—her general health, however, was not the best. In August last, she crossed the Atlantic, with a view of re-establishing it; but returned to Canada, after two weeks sojourn in England. This hurried trip, with the cares and anxieties of her three young children, who accompanied her, I fear did her little if any good. I mention these facts to shew that the general condition of the *vis medicatrix nature* was not by any means the best. On the evening of Wednesday, January 6th, a large dancing party was given by this lady, and she was dressed with her chest and throat not so well protected as usual; this she herself informed me. When about to retire, at four a.m., on Thursday, the sudden illness, as described in Case I, of her eldest boy, kept her from getting any rest. She remained at his side all Thursday, and nothing would induce her to leave him during Thursday night and Friday morning. Noticing her kissing her child on Thursday evening, I positively commanded her to desist; telling her of the great danger which she was running—but although she promised me faithfully to do so, her maternal instincts would at times overcome her, and she would again tenderly kiss her dying child. Early on Friday morning she said to me her throat had been feeling uncomfortable for several hours. I examined it; but, as in the case of her second child, could observe nothing beyond what I had often before found her suffering from, viz., ordinary tonsillitis. When I returned at 8.30, it was to find her throat greatly worse; both tonsils much more congested than at my previous examination, and both covered with large patches of diphtheritic membrane; tongue coated; slight heat of skin; pulse 140, and small volume. Dr. Howard saw her at 10.30, and confirmed the diagnosis. We decided