

that when a man or child was said to have had diphtheria five or six times or more, that probably his attacks of diphtheria were only inflammations of the tonsils with a white exudation. My experience has corroborated that teaching, and in only three or four instances during the last ten years have I been satisfied that I have seen the disease recur in the same person. I cannot accept Prof. Jacobi's teaching on this point, and would like to hear the experience of the members on this question.

I have had two cases of suppression of urine. One of these cases I saw only in consultation, and the urine had not been examined. In my own case, owing to a misunderstanding of the nurse, I was unable to get a sample. In this case the last urine passed was said to have been of normal color. In both cases the children presented symptoms of uræmic poisoning. In neither case was there any puffing of the feet, hands or eyelids. I should like to hear from those who have been fortunate enough to obtain post-mortems in these cases concerning the condition of the kidneys. Were there any evidences of acute nephritis as described in books or not? Was the suppression due to vasomotor paralysis and deficient blood-pressure? or to failure of the forces which keep the blood circulating? In both the cases I have mentioned death soon followed.

I have found the proportion of cases of laryngeal complication unusually small. I have seen during the past six weeks but two cases. One, a little girl of 8 years, had a slight sore throat, without any exudation in the pharynx or on the tonsils. I saw her twice; supposed it to be ordinary sore throat; she then appeared quite well. A week later I was called, and found laryngeal obstruction, which ended in seventy-two hours in the usual way. The second case, a child of 15 months, had well-marked pharyngeal diphtheria, and recovered. The house was thoroughly fumigated, and the child remained well and lively for a week, when suddenly laryngeal obstruction occurred, followed by death in thirty-six hours, fourteen hours after the insertion of a tube into the trachea. Has any member any experience with intubation of the larynx? Would prolonged enforced rest in bed have prevented the extension to the larynx in these cases?