

larynx to be brushed out, by means of a probang, with a solution of nitrate of silver, forty grains of the salt to the ounce of water; lime water spray, one to sixteen of water, to be used by means of a hand atomizer, every few hours; with an emetic of sulphate of copper, as indicated, and *wine and beef tea ad libitum*. Between seven and eight o'clock, I returned, and took the management of the child in my own hands. By this time every fluid attempted to be swallowed was instantly ejected, and the dusky hue of the skin, already spoken of, was more distinctly marked. In fact, there was marked exacerbation of all the symptoms. I applied the solution of nitrate of silver by means of a probang, as decided upon at the consultation. The dyspnoea, which followed its application, was so desperate that, for a few moments, I thought life would terminate. At brief intervals, wine and beef tea were given liberally—but little was retained, however. At nine, p.m., applied to the fauces, by means of a hand atomizer, lime water spray of the strength of one to sixteen of water. It did not produce any gagging; in fact it seemed to be liked by the little patient, as he subsequently twice asked me for its repetition.

11 p.m.—Child tossing about greatly. No cough now whatever; simply the loud whistling respiration. The sulphate of copper emetic was now given, and although copious emesis ensued, no shreds of membrane came up, nor was there any relief afforded.

12 p.m.—Again applied the lime spray. As food is now retained better, I devoted much of my time to giving wine and beef tea.

1 a.m.—No improvement. The dyspnoea is painful to witness; child clutches at his throat, and puts his fingers far into his mouth.

2 a.m.—Pulse, which has kept pretty steady at 150, is now small and slightly irregular. Changed from wine to brandy; this he takes readily and most of it, and other fluids are now retained.

3 a.m.—Respiration worse; pulse rather better since brandy; gave again sulphate of copper, which resulted in copious vomiting, but afforded no relief to the fearful dyspnoea.

6 a.m.—Patient is failing; breathing very whistling; pulse small and feeble. Will not take any medicine, but eagerly takes fluid nourishment in almost any quantity. Gave instructions to give him at least a tablespoonful of brandy every hour, and at 6.30 left for home. Returned at 8.30, and found my patient sinking; is gradually becoming cyanotic. The tonsils and pharynx are now well covered with diphtheritic membrane. Dr. Howard met me in consultation at 10.30, when all hope was abandoned.

The struggles for breath about mid-day were most heart-rending. About 3 p.m. he became unconscious and shortly after passed quietly to his rest.

CASE II.—While attending to the above patient, and sitting by his side at midnight—his little sister, Maple, aged two years and four months, who had gone to bed about seven o'clock, apparently in her usual health, awoke somewhat suddenly, crying bitterly. I was asked to see her, and found her skin hot and dry; pulse 160; glands of the neck swollen, and voice somewhat husky. Skin of thighs covered with an erythematous rash. Examined the throat, and found the tonsils much congested; the examination was conducted with difficulty, but I was unable to detect any evidence of diphtheritic membrane. I was convinced, however, that this was also going to be a case of diphtheria. I accordingly steamed the throat well, and applied hot oil to the swollen glands, after which she fell asleep. At 1 a.m., child awoke screaming, and almost immediately went into a convulsion, which lasted fully five minutes. Put feet in warm water and applied cold to the head. 1.30 a.m.—Just as the child was beginning to appear conscious, another convulsion supervened, and lasted about the same time. When she came out of it, I gave her ʒ ii. of Ol. Ricini. At 2.10, another convulsion, when I put her on a mixture containing bromid of potash, tinct. of ferri and spts. of chloroform. From this till 6.30 had four convulsions, the last being about five o'clock and not very severe. Before leaving the house, which I did at 6.30 a.m., examined the child's throat, but could not distinguish any diphtheritic membrane, although it was much congested.

Returned at 8.30 a.m. During my absence the child had two more convulsions. An examination of the throat now revealed two small patches of white opaline membrane—one on each tonsil. At 10.30 Dr. Howard met me in consultation, and confirmed my diagnosis. Decided to place the child on ten drops of the tincture of muriate of iron, every three hours, with beef tea and milk, and to apply to the membrane, by the means of a camel's hair pencil, the liquor ferri perchloridi, one to three, which I did shortly afterwards.

January 8, 5 p.m.—Dr. Howard, who was to have met me at this hour, having been called to Sherbrooke, was unable to do so. The membrane has extended considerably since my last visit and now covers the tonsils and pharynx. Again applied the liquor ferri perchloridi. Is able to swallow with difficulty—part is ejected; a considerable portion of the