

Case 2.—One of doubtful diphtheria. On Christmas eve, Dr. Chipman requested me to see Dorce T., aged 2 years, who had been ill a week with a sore throat, no membrane being visible in the fauces, though they were red, swollen and catarrhal. A mirror examination of larynx was not made. Early in the evening she had become croupy with great difficulty in breathing; nostrils occluded by secretions; recession of the chest-walls; fluttering pulse, and commencing cyanosis.

She was intubated with immediate relief to her impending asphyxia, which relief continued during the night and following day, when the tube was removed. Respiration was not nearly so good as with it, and grew so bad at night that serious thoughts were entertained of reinserting it, but it was not done.

The ordinary treatment in such cases was continued until three days later, when the patient died of capillary bronchitis.

Case 3.—First seen December 26th, through the kindness of Dr. Kidd. Burton C., aged 30 months; had been ill a week; tonsils and pillars of fauces covered with membrane undoubtedly diphtheritic; glands of neck somewhat swollen.

Though his respirations were difficult and rapid, it was thought that indications were not sufficiently marked for intubation, but his symptoms growing worse it was resorted to the following day, December 27th, with decided relief to his breathing, and improvement in his condition generally, as shown by the pulse and facial expression.

December 28th: Rests quietly; little coughing; slight epistaxis; takes food readily; temperature 102° , tending upwards.

December 29th: Condition much the same as yesterday, excepting a further rise in temperature.

December 30th: Died at 3 a.m., of diphtheritic toxæmia. The treatment, both local and general, was not of a special nature. Tube removed *post mortem* in the ordinary manner, having remained in the larynx forty hours. Apart from relief to distressing symptoms, life had apparently been prolonged many hours, increasing his chances of recovery.

Case 4.—Seen in consultation with Drs. Sir James Grant, McDougall and Powell. Allan G., aged 33 mos.; ill with catarrhal symptoms about a week. On December 30th respiration and phon-

ation became impaired. When first seen by me, on December 31st, the fauces were red, tonsils swollen, with diphtheritic-looking patches on each of their posterior surfaces, which in a few hours extended forwards over them to the pillars. The post pharynx was occupied by thick, tenacious, yellow mucus, and the cloacæ by a like secretion. Cough was difficult and laryngeal.

At 11 a.m., growing worse, beginning cyanosis; intubation with immediate relief; passed a quiet day; temperature, respiration and pulse more favorable.

At midnight 7 min. of Dr. Roux's antitoxine were injected. Had a quiet night, slept and took nourishment well, though vomited frequently.

January 1st, at 11 a.m., breathing was so much improved that it was thought that the tube should be removed, which was done; but growing worse it was reinserted at 4 p.m., which again quickly brought relief.

January 1st, 11 p.m., condition critical; heart showing signs of failure. A cardiac tonic was prescribed. Antitoxine injection, 4 min., was given.

January 2nd, temperature, which had never been high, became normal, and the case presented a favorable aspect for recovery.

January 2nd, 11.30 a.m., tube removed; respiration not so smooth, free or easy as with it; cough and voice harsh. These conditions gradually lessened, and a good night was passed.

January 3rd, temperature 98.4° , respiration 20, pulse 120. From this date he continued to convalesce till the present, when he is considered out of danger.

Careful charts in this and two other of the cases reported were made, which have not been quoted in detail, for the sake of brevity.

The part played by the antitoxine serum in the last case is not easy to estimate. But that of intubation, which this paper is more particularly intended to show, was in all the cases, without doubt, highly valuable.

The merits of intubation in this country are too little practically known, and it undoubtedly would be employed more frequently if the simplicity of its application and immediate benefits were more practically understood. Even when employed in cases which may terminate fatally from other