

dentially found. For the six months following the use of antitoxin there occurred not a single case, and for the remaining six months there occurred eight cases. Let us consider these eight cases.

Four of the eight patients were infants under one year of age, all of whom had been sent into the hospital suffering from malnutrition and intestinal disturbance. None of these patients gave clinical signs, and swabs were merely taken as a routine measure when there was noted some elevation of temperature and redness of the fauces. All of these patients died, not at all from diphtheria, but from intestinal disturbance. This was commented on by one of the visiting surgeons who opposes its use in infants, and who states that in some New York hospitals its constant use was abandoned in infants, on account of the fact that catarrhal diarrhea was found more often when it was used. We may consider this objection later. Of the remaining cases, one was a boy aged fourteen years, who entered the hospital, January 14th, with an acute secondary anemia, and on January 15th, was placed in a suspect ward, a membranous patch being noted on one tonsil. A swab was taken, and the result positive. The disease in this child was very malignant, yet no other child in the ward in which he had spent the night developed diphtheria.

A second was a case of hip-joint disease, which developed diphtheria twenty days after the injection of the last prophylactic dose. This case, I may say, died seven days later from general miliary tuberculosis. One might note here the length of time from the last immunizing dose.

There was another case of cervical Pott's disease, in which the patient, a boy of three years, developed diphtheria after the third injection. This and the following one are the only two to which no objection can be taken as to the origin of the infection and the relation to the immunizing dose. This case was mild, with no distinct membrane, and requiring but 3,000 units of antitoxin. The duration of this case was short, being only twelve days in the infectious ward.

The other case referred to was also one of Pott's disease. The throat was first complained of eight days after the fifth injection. A swab was taken and examination showed Klebs-Loeffler bacilli. He was given 27,000 units in thirty-one days, his temperature coming down to normal after twenty-eight days. I might remark that this case developed scarlet fever, and that the temperature remained elevated from this cause. The antitoxin was continued on account of a false membrane on the tongue, afterwards discovered to be due to calomel. This case and the one preceding are the only two for which apology must be made.