

month from the convalescence of one of the little boys above named, his young sister was suddenly prostrated by diphtheria. A week previously the two children had been allowed to come together, but not, of course, until a thorough disinfection of the boy's clothing and person had been accomplished. Whether the disease was communicated in this way must remain a matter of conjecture. I understand Dr. Bryce believes it possible, but if that theory be correct, why, it may be asked, did not this boy communicate the disease to some or other of his companions with whom he was continually mingling?

Something more than a passing reference should be made to the case of this little girl, on account of her remarkable recovery from what seemed certain death, and by which we learn the lesson never to relax our efforts to save our patients as long as life remains. Of course the disease was seen in this instance in its initiatory stages, and active treatment was at once entered upon, including the steam inhalations, but the disease progressed unchecked, the thick sloughy-appearing membrane finally covering the whole surface of the upper air passages, while the enormous swelling of the cervical glands gave the case an unpromising appearance. A still more threatening symptom arose in the form of profuse bleeding of the nose, caused, no doubt, by the separation of membrane in the nasal passages. Temporizing remedies were at first tried, but it was soon found that the flow of blood could be staunched only by plugging the nostrils. The loss of blood left the little patient with the pallor of death upon her countenance at every accession of hemorrhage. On one occasion, while I was present, she was observed in a convulsive struggle, and the little sufferer appeared to be in the last gasp, but the paroxysm ended in her coughing up a portion of thick tough membrane resembling an oyster. By the use of restoratives she soon rallied, and this event proved to be the turning point towards final recovery.

Still another case may be referred to, less fortunate in its results, but equally instructive. Later on in the epidemic a female pupil, aged 22 years, became the subject of diphtheria, and was placed under the same treatment as the others. There was nothing unusual in the early history of her illness, except that some laryngeal symptoms were developed, which gave us considerable anxiety. These, however, soon passed away, but in the progress of her illness an unlooked for complication occurred in the form of nausea and vomiting, necessitating the discontinuance of all active treatment and reducing the quantity of nourishment to the very minimum compatible with existence. As a natural result of this complication the heart's action became very feeble, threatening complete failure. Under these circumstances all our efforts were directed to sustaining the enfeebled heart, while for days the patient was not allowed to raise her head or make any bodily effort, but unfortunately all our efforts were in vain, for one morning a sudden change was noticed in her appearance, and before medical aid could be summoned she had passed away, death doubtless resulting from paralysis of the heart. In connection with this case it should be mentioned that Dr. Philip attended the patient, with me, throughout her illness, and also that her parents, having been apprized of the serious nature of her sickness, were present some days before her demise. I might add that Dr. Philip expressed not only a hearty approval of the plan of treatment adopted, but also gave his cordial co-operation in all the means employed to combat the epidemic.

As an example of the erratic nature of diphtheria the case of Jane Moffat may be mentioned, who had come very kindly to fill a vacancy in the laundry. She was taken down with the disease two weeks from the time of entering the Institution. Diphtheria is a disease supposed to belong almost exclusively to childhood and youth; here, however, was a woman 62 years old, whose age might seem proof against the possibility of contagion, but who takes the malady in severe form, the whole pharynx, roof of the mouth and nares being covered by membrane, which, with the cervical swelling and engorgement, caused great difficulty in breathing and swallowing. After days and nights of anxious watching, in which the chances seemed evenly balanced between life and death, a change for the better became finally apparent. After all trace of membrane had disappeared, and the patient had gained sufficient strength to sit up, it was thought prudent to have her removed to the J. H. Stratford Hospital during her slow convalescence, but I regret to say that after a stay in the hospital of several weeks she died rather suddenly, as I am informed, from probably one of the sequelæ of diphtheria.