

observation 119 cases, of which two were moribund and were not treated with the antitoxine. Among the 117 there were thirteen deaths (11.1 per cent.). There came under observation on the first day fourteen cases, all of which recovered; on the second day thirty cases, with twenty-nine recoveries; on the third day twenty-nine cases, all of which recovered; on the fourth day nine cases, with eight recoveries; on the fifth day eleven cases, with nine recoveries; on the sixth day six cases, with three recoveries; on the seventh day five cases, with three recoveries; on the eighth day six cases, with three recoveries; on the ninth day one case that died; and on uncertain days six cases, with five recoveries. Bacteriologic examination was made in all cases; in two diphtheria-bacilli could not be found, but in one of these a complicating otitis media developed, and was attended with perforation, and in the pus discharged diphtheria-bacilli were present. The mortality in the children's department of the Charite, among cases not treated with antitoxine, was, in 1889-90, 52.4 per cent.; in 1890-91, 60.1 per cent.; in 1891-92, 62.8 per cent.; in 1892-93, 56.4 per cent. In twenty-three of the cases treated with the antitoxine, tracheotomy became necessary, with eleven recoveries (47.8 per cent.). Of the 104 cases in which recovery ensued, fifty-seven were free from albuminuria, which was present in forty-one. Of the latter the albuminuria persisted but a single day in nine cases; for two or three days in eleven; for from four to seven days in nine; and for longer periods in twelve. In ten of the thirteen fatal cases albuminuria was present on admission. Paralysis developed in nineteen of the 104 cases that recovered. In five cases the action of the heart was disturbed. No relapse was observed. As to the dosage, recent cases received 600 immunity-units; cases with doubtful prognosis, 1000 immunity-units; and cases of long duration, 1500 immunity-units. Treymann (*Ibidem*, p. 951) has reported the case of a child, three years old, in which acute hæmorrhagic nephritis developed in the sequence of an attack of diphtheria of moderate severity treated with the antitoxine. The child came under observation on the third day of the disease, and at once received an injection of serum No. 2 (1000 immunity-units), and on the following day an injection of one-half the dose of

serum No. 3 (750 immunity-units), which was repeated a day later. For a time improvement manifested itself, but in the course of two weeks the membrane in the throat reappeared, and a further injection of serum No. 1 (600 immunity-units) was given. On the following day albumen appeared in the urine for the first time; the renal secretion became scanty in amount and hæmorrhagic in character, and microscopic examination disclosed the presence of red and white blood-corpuscles, with tube-casts and epithelial cells. Several days later complete anuria developed for twenty-four hours, with œdema of the eyelids, but the condition gradually subsided and progressed to ultimate recovery. In contrast with the preceding case Schwalbe (*Ibidem*, p. 952) has reported the case of a child, ten and a half years old, in which acute hæmorrhagic nephritis developed in the course of an attack of diphtheria not treated with antitoxine. Rembold (*Ibidem*, p. 963) has reported the case of a girl, seven and a half years old, in which paralysis of accommodation developed in the sequence of an attack of diphtheria treated with the antitoxine. Two injections each of serum No. 1 (600 immunity-units) were made on the second and third days of observation respectively. The visual defect was noted several weeks after recovery upon the primary disease. In a second case in a girl, eleven years old, a single injection of serum No. 1, made on the first day of observation, was followed in nine days by the appearance of a scarlatiniform exanthem upon the upper and lower extremities. Two days later the child complained for a few hours of pain in the sacral region and in the lower extremities, and for five days there was inability to stand. The eruption gradually disappeared in the course of four or five days, and recovery was ultimately perfect.—*Medical News*.

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The Relation between Rickets and Laryngeal Spasm.—Out of 1,600 rickety children observed by J. Comby in a Paris dispensary (*La Pædiatr.*), only one-tenth had convulsions, whilst Henoch attributes two-thirds of the cases of glottic spasm to rickets. Although rickets is so common in Paris, glottic spasm is very rare, and the author believes there is a relation of cause and effect between rickets and