still continuing the iron and calcium chlorid. Patient now complained of great difficulty in breathing, and as the lungs presented no diseased condition inhalation of oxygen for a period of five minutes was administered four times an hour, three times a day.

On April 18th patient's condition slightly improved. Temperature and pulse-rate that had not abated before were now lowered, no doubt due to the Streptolytic Serum, and the general oozing was lessened.

April 20th, stools were free from blood, oozing from buccal and nasal cavities had mostly subsided, urine was normal and patient feeling much better. Gallic acid was stopped and a cathartic of castor oil was given, as the bowels were inactive except from enemas. Streptolytic Serum was now discontinued

On next day, April 21st, the stools and urine became bloody and gallic acid was given again in dram doses three times a day and continued until 3rd of May.

The patient made a gradual and slow recovery. Three deeply seated abscesses developed later on, one appearing over the left malar region, one on left forearm, and the other on same arm just above the elbow.

I attribute the controlling of the hemorrhage to the astringent properties of the gallic acid and to the Streptolytic Serum neutralizing the toxic agents of the erysipelas in the blood. I might digress here to substantiate the hemostyptic properties of gallic acid by referring to its effects in another physician's experience in intestinal hemorrhage in a typhoid case when Adrenalin, bismuth, lead and opium and all other akin remedies failed to check the hemorrhage. This physician gave a tablespoonful of gallic acid and saved his patient's life from what seemed inevitable death from hemorrhage.

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