appearing on the throat. At 7 p.m. another dose of 1000 units of antitoxin was given. The next day (16th) the temperature remained at 99 all day and no change in the condition of the throat could be noticed. The child was very much depressed; very pale and listless despite the strong stimulation that was being carried out. On the 17th the temperature again began to rise and in the evening reached 103; pulse 126, very feeble, and the child's general condition alarming. The next morning (the 18th) the temperature was $103\frac{2}{5}$; pulse 134, and the local and general symptoms mostly aggravated.

As a last resort it was thought advisable on account of the mixed nature of the infection and the septic course, to try administration of antistrepococcus serum. Accordingly at 12:30 p.m. 10 c.c. antistreptococcus serum and eight hours later a second dose of 10 c.c. were administered hypodermically. On the following morning the temperature registered $99\frac{2}{5}$; the membrane had disappeared from the throat and the glands were not so markedly swollen. During the day, (19th) the temperature rose slightly, reaching $100\frac{4}{5}$ at 4 p.m. At 8 p.m. it had dropped to $98\frac{2}{5}$, the first normal evening temperature, since the commencement of the illness. On the following day, (the 20th) the temperature remained normal; the throat began to lose its congested appearance; the glands were regaining their normal size and consistence. The child now improved rapidly and passed on to a complete recovery.

To summaysize the points of interest in the case :—

1. The mixed nature of the infection, associated with septic manifestations.

2. Only *temporary* improvement in *some* of the symptoms following adminstration of antitoxin in full doses.

3. Almost immediate response to the action of the antistrepticoccus serum. *Permanent* improvement in *all* symptoms. Complete recovery.

NOTE—I have since learned that some are using antistreptococcus serum with good results in cases of pure diphtheria infection.

G. W. MYLKS.