

REMARKS.

The symptoms in brief were : Difficulty in swallowing solids, which increased so that a few days previous to his death nothing solid would pass into the patient's stomach ; pain behind the ensiform cartilage, at the left side over the sixth, seventh and eighth ribs, and further round at the back ; cough, hoarseness and aphonia, emaciation and increasing debility, and considerable mental distress. There was no nausea or vomiting, and he did not die from inanition or pneumonia, but from apoplexy. The hoarseness, aphonia and bronchitis, which appeared October 20th, probably showed that the trachea was involved by the disease. The only medicine used which gave any sense of satisfaction or relief was morphine.

**FACTS ATTESTING THE THERAPEUTIC VALUE OF ANTIDIPH-
THERITIC SERUM IN THE TREATMENT OF DIPHTHERIA.**

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In opening a discussion on a complex subject such as the therapeutic value of a remedy for diphtheria, a sketch of its common symptoms is invaluable, and is especially so in the case of antidiphtheritic serum. This disease is infectious, contagious, inoculable, and exhibits definite clinical symptoms, viz.: Formation of false membranes on fauces, etc., irregular pulse, irregular temperature, adenitis, profound debility, albuminuria, tendency to death from toxæmia, or from uræmia (from anuria), choking caused by detachment of exudation, cardiac failure (nervosa)?, pneumonia from extension of membrane to bronchi. If patient overcomes primary toxæmia there may be relapse, and among sequelæ are paralyse, laryngeal, diaphragmatic, etc. The main points to be decided are—(1) Is diphtheria a local lesion caused by Klebs-Lœffler bacillus? are constitutional symptoms the result of their ptomaines reaching the general circulation? (2) Or is it a systemic infection manifesting local symptoms? These physicians who advocate injections of antidiphtheritic serum in cases of diphtheria agree with Councilman, Roux and Behring, who contend that diphtheria is a local infection, due to the accession of a morphologically and clearly-diagnosed bacillus (Klebs-Lœffler). This bacillus was isolated by Klebs-Lœffler ; Roux and Yersin discovered the toxin of diphtheria, and Behring prepared the antitoxine from the blood of immunized animals ; Dr. Wethered (*Lancet*, March 24th, 1894) and Dr. Sidney Martin, whose researches on the toxin of diphtheria are given (*British Medical Journal*, September 15th, 1894), the latter offering direct proof that the Klebs-Lœffler bacillus is the true etiological factor in this disease. The position taken up by these investigators is gradually receiving accumulated facts which demonstrate clearly, as time goes on, the therapeutic value of antitoxine or antidiphtheritic serum at the hands of the under-mentioned ardent workers