

duration of the detention in the hospital is notably diminished. The effect of the serum on the local lesion is most striking. The false membranes stop growing twenty-four hours after the first injection; they become detached in general in from thirty-six to forty-eight hours, at the latest on the third day. The diphtheritic bacillus disappears from the throat at the same time, sowings refusing to give colonies (with a few exceptions) from the third to the fifth day. The glands of the neck are always swollen, but the surrounding cellular tissue is never thickened. The glands remain appreciable to the touch a long time. The temperature falls promptly in the milder anginas, the fall takes place on the next day after the first injection, and it is rarely delayed longer than the second day. The defervescence is quite sudden, and on the temperature charts is marked by a descending vertical line, just as if the disease had stopped all at once by crisis. A first injection of serum will not, however, lower the temperature in severe anginas; in them defervescence begins after the second or third dose and occurs in the form of lysis. As long as the temperature is above $100\frac{2}{3}$, the cure cannot be considered complete, and it is prudent to hasten the descent of the febrile temperature to the normal by a supplementary injection of the serum.

"The pulse beats about 120 times a minute in severe cases. The serum acts on the pulse more slowly than on the temperature, and the pulse continues frequent, for two or three days after the temperature has fallen. The pulse never becomes normal before the temperature. Since beginning the use of serum, we no longer observe, during convalescence, those irregularities of the pulse, which were formerly the rule. At the beginning of diphtheria the respiration is not modified except in very young children, in whom it is accelerated; fifty-six of our patients had laryngeal troubles which made us apprehensive of croup; thirty-one had hoarse cough; twenty-five in addition had aphonia and difficult inspiration. Many of them escaped tracheotomy owing to the use of serum.

"Messrs. Martin and Chaillou found that only a third of the children attacked with diphtheria escaped albuminuria; two-thirds of the number had it sooner or later. Of 120 children treated with serum, fifty-four did not have albuminuria; twelve had it for a single day; fifty-four had albuminous urine.

"Complications. Eight children had nasal diphtheria with jactitation. They had entered at a late period of the disease; two died.

"Measles accompanied diphtheritic angina in eight cases. Of these, one died. A child of five years had, at home, measles and broncho-pneumonia. He entered the hospital with scarlatina and diphtheritic sore-throat. He recovered in spite of all these diseases coming on one after another.

"Diphtheria was complicated with scarlatina in five cases, of whom all recovered.

"Mortality. Messrs. Martin and Chaillou, out of 120 patients with pure diphtheria, had nine deaths, or a mortality of 7.50 per cent. Of the nine who died, seven had been less than twenty-four hours at the hospital. They can scarcely be counted as failures, as they only lived a few hours after the injection. If they are deducted, the figures would be: 113 anginas, two deaths, 1.7 per cent. mortality. One of the patients, who died in spite of the serum, was brought in on the fourth day after the disease, with a livid countenance, jactitation, nose-bleed, hæmorrhage from the conjunctiva and purpura. He remained six days in the ward, got 70 cc. of serum, and expired after a fall of temperature and a sudden drop of the pulse from 170 to 80. At the autopsy we found tubercular peritonitis, amyloid degeneration of the kidneys and liver, Pott's disease, with an abscess on the sheath of the left psoas muscle. The