

half an hour she had sufficiently recovered consciousness to know and name those about her. A quantity of bloody mucus and what looked like a little pus welled up in the pharynx at the base of the tongue, which embarrassed respiration so that it was thought necessary to swab it away, which being done, respiration became less sibilant and more free.

The ligature which was attached to the tube before its insertion was about to be removed, but out of deference to the suggestion of my confrere, was allowed to remain. Only for an instant, however, as the patient quickly caught it and withdrew the tube. It is my custom to remove the cord as soon as I am sure the tube is in the larynx, which is known by the character of the respiration, etc., which in the future will invariably be followed, as it is not the first time this untoward occurrence has happened. As breathing was fairly good without the tube, its reinsertion was delayed; but half an hour later, breathing becoming worse, it was decided to replace it. Two unsuccessful attempts were made to do so, owing mainly to the struggles and resistance of the patient.

The holder of the tube on its withdrawal the second time brought away entangled in it a thick piece of well organized false membrane the size of a ten cent piece, of a pale grey color. Bloody mucus quickly filled the pharynx, presumably from the surface, from which the membrane was removed. It was thought wisest to desist from further attempts at reinsertion because of the patient's exhaustion, and as respiration was improved, probably owing to the removal of the membrane. She had been prescribed for in the morning in an expectant way, and just before intubation had been given a hypodermic injection of strychnine and another an hour after. Alcoholic stimulants were given by the mouth. No antitoxin was given. She was left for two hours, and on my return was sleeping heavily, with respiration not seriously embarrassed, pulse firm and full.

I was to be sent for if intubation was thought necessary, but nothing more was heard of the case till 7 p.m., when I was told she had died. The history of the child's illness briefly is, that she on the previous Friday (Dominion Day being Wednesday) first complained of feeling unwell, but continued to go about. On Sunday she began to grow hoarse and had a croupy cough. On Monday and Tuesday she was much the same, but on Wednesday morning she was considered ill enough to call in a doctor at nine o'clock, who had not determined on the diagnosis. The fauces were examined, but no marked departure from health seen.

The consultant, who arrived at the house shortly before me, saw no