

Case 4, patient of Dr. Wood.—Louie Elliott, aet 3½ years, intubated at home at 8 p.m., Dec. 8th. Relief at once from dyspnoea and cyanosis. The patient was then removed to Hospital and antitoxin injected. Calomel sublimation employed. Fed with catheter. Dec. 10th, 7:39 p.m., extubation. Reintubation at 10 p.m. Dec. 14th, 9 a.m., extubation. Tube worn 5½ days. Discharged well Dec. 19th.

Case 5, patient of Dr. Anglin.—Malcolm Wright, aet 9, admitted to Hospital, Dec. 19th, 10 p.m., with Diphtheritic Laryngitis. Dyspnoea was extreme. Intubation at once. Dec. 21st, 10 a.m., extubation. No return of dyspnoea. Tube worn 36 hours.

Would tracheotomy have done as much for these children? I think not. In the first case the child would have been dead before a tracheotomy could be done. In the third case it is impossible to believe that a tracheotomy tube might be dispensed with after six and a half hours. It has been stated recently that the use of antitoxin reduced the period of intubation, and the second and third cases are in accord with that claim.

J. C. CONNELL.

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## A CASE OF CHRONIC GASTRITIS

COMPLICATED WITH CARCINOMA UNRECOGNIZED AND UNRECOGNIZABLE  
DURING LIFE.

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(READ BEFORE THE KINGSTON MEDICAL ASSOCIATION.)

GENTLEMEN :—I wish to bring to your notice this evening a case which, I trust, will not be uninteresting and which to me at least is very instructive. A. M. B., 72 years of age, Canadian by birth, unmarried, has always been a hard worker at manual labour till seven years ago, when by an accident he completely lost his eyesight—has always been temperate in the use of alcoholic drinks—never had any serious illness except the present one. His family history is good. The present trouble began last March. He was recovering from La Grippe when he was attacked with pain in the