

even croup. From the 448 total patients, 128 patients of this class must be deducted leaving 320, and of these, twenty succumbed shortly after reaching the hospital, and received no serum. Dr. Roux's statistical report, therefore, applies to 300 patients with diphtheria, all treated with serum; of these seventy-eight died, giving a mortality of 26 per cent. The previous work, done by Messrs. Roux and Yersin, and by Messrs. Martin and Chaillou, in the same hospital, had demonstrated, that the mortality of children attacked with true diphtheria, as shown by bacteriological examination, was 50 per cent.

All the patients received, systematically, a hypodermic injection of 20 cc. of serum, at one dose, administered under the skin of the flank. If the bacteriological examination showed, that the patients did not have diphtheria, the injection was not repeated. One hundred and twenty-eight patients of this class remained, a few days, in the pavilion, exposed to the contagion of diphtheria. The fact, that they did not develop diphtheria, speaks well for the prophylactic value of the serum. Twenty-four hours after the first injection, the diphtheria patients received a second one of from 10 to 20 cc., which in general sufficed to effect a cure. "The pulse and temperature were our guides," says Dr Roux; "if the latter remained high, we repeated the injection. The minimum quantity of serum used in the treatment of a diphtheria case was 20 cc., and the maximum 125 cc. In a really exceptional case, we injected 205 cc., in thirty days. The children, generally, received more than a thousandth part of their weight of serum, and, in some exceptional cases, about a hundredth part. During convalescence, some days after the injection of serum, eruptions on the skin resembling urticaria make their appearance. These eruptions, which are not accompanied by fever, are due to the serum. Side by side, however, with these are other eruptions, accompanied by fever. The latter are, particularly, marked in diphtheria associated with other disorders, and, in my opinion, ought to be classed with the infectious erythemas, which frequently occur after angina.

"Sequels rarely appear in patients treated with serum. We have had a few cases of paralysis of the velum palati of short duration, one case of paralysis of the leg, and another of generalized paralysis in a child of nine years, brought in on the sixth day of the disease, with angina, jactitation, and pallor of the face. The paralysis developed three weeks after convalescence had begun, and the patient choked, while eating a biscuit, some pieces of which found their way into the trachea. Three children died of syncope, one less than twenty-four, and the other less than twenty-six hours after their entry. The third one, who had had measles, died a few days after treatment was begun."

Dr. Roux afterwards describes the modifications effected, by the serum, in the course of the disease, treating of angina and croup separately.

"(a) Pure anginas. These are cases of angina in which the false membrane, taken from the throat of the patient and sowed on coagulated serum, gives diphtheritic colonies, and few or no other foreign colonies. The quantities of antitoxin injected varied from 20 to 85-cc.

"The general condition of the children treated with serum changed rapidly for the better, unless brought in at a very advanced stage of the disease. Most of the patients, receiving the serum treatment, look very differently from patients, who do not receive it. We scarcely ever see in our wards pale, livid faces; quite on the contrary most of the faces of the patients are rosy in hue, and their attitudes are expressive of life and gaiety. Appetite returns soon and loss of flesh is not very noticeable. The