Hospital case: J. C., aged 4 years, suffering from laryngeal diphtheria, was tubed at 4 a. m., Friday, Nov. 25th, and died at noon the day following. Probable cause of death extension of membrane into bronchi.

Intubation may be practised with one of two objects in view, viz., to save life or merely to relieve dyspnœa (when the saving of life is hopeless). Statistics endeavor to show the life-saving power as compared with tracheotomy, the comparison is certainly in favor of intubation. The measure of relief tubage affords in laryngeal stenosis from whatever cause, the readiness with which friends give consent, and the rapidity with which a tube can be inserted, are all points strong in favor of intubation. There are a number of conditions that should be well considered in tubing, and as one's experience extends the recognition of possible accidents increases. In tubing, if breathing is not satisfactorily restored within a few minutes, withdraw the tube, reintroduce it, and again withdraw it if necessary, reintroducing it; if the breathing is still imperfect, contemplate tracheotomy. The fear of forcing membrane down before the tube is one often urged, but is one of the accidents least likely to happen. Tubage does not interdict subsequent tracheotomy, and tubage is proportionately valuable, as it is performed early. Many cases of pulmonary collapse no doubt antedate the operation, and experience probably will prove that pulmonary collapse is one of the conditions most to be feared as likely to be attributed to the operation, and not to the state for the relief of which the intubation was undertaken.

Dr. REED suggested that the knee jerk be sought for in all cases, as involvement of the nervous system has been known to occur even when the throat trouble has been slight as to pass unheeded. According to Formad, bacteriology is insufficient to distinguish simple follicular tonsillitis from fatal cases, the same microbe having been found in both.

Dr. MCCONNELL stated that although the health department were not entitled to much credit for the part they have taken towards staying the present epidemic, yet, in view of the multiplicity of views held in regard to the etiology of the disease and its management, some allowance might be made for failure in making specific efforts towards its arrest if some of the ordinary sanitary requirements of the city were not so sadly neglected. He believed it to be a parasitic disease (Zoefler's bacillus, probably), and hence amenable to all means which are known to destroy them or prevent their development. If this view was more generally adopted, our management and treatment of these cases would have a more definite aim and be applied more intelligently. He thought it unfortunate that Jacobi, in a standard modern work like Pepper's, should not countenance this origin for diphtheria, as it explains satisfactorily the chief feature of the disease. From his observations he believed it to be at first a local disease; the growth in the mucous or abraded surface resembling perfectly culture tube-growths of bacillus, etc., precedes constitutional symptoms, and the latter disappear when the surfaces are free from the membrane. This was well seen in a child of 3 years now under treatment for the fourth attack; he had recovered from the third but four or five days. Pharynx clear and no fever, when he used a piece of gum that a sister, suffering from the disease, had been masticating; in five or six hours after a fresh patch appeared on the tonsil, and there was a return of pyrexia. Each of the other members of this family had had the disease twice, showing a family predisposition. He treated his cases with germicides, using acid sulphurous, boric acid, liq. ferri mur. internally, and corrosive chloride with atomizer, and the air of the room saturated with vapor from boiling water, on which was kept constantly a quantity of equal parts of carbolic acid and turpentine. If pathogenic bacilli were the cause to prevent their development, the remedy should be brought into contact with the rapidly-growing patch almost constantly, hence atomizer and internal mixture (whose action is chiefly local) should be alternated every fifteen minutes or half hour. This had given most satisfactory results. A case of laryngeal diphtheria had recovered under the use of Lq. Bichlor internally and the antiseptic inhalations already mentioned.

Dr. ARMSTRONG, in reply, said: I think it is generally agreed that a healthy nasal and pharyngeal mucous membrane is protective against the poison of diphtheria. Unfortunately, in our climate perfectly healthy noses and throats are not too commonly met with. The great objection to the idea of Prof. Hughlings Jackson mentioned by Prof. Mills is that ant. pol. myelitis is essentially an incurable disease, and the paralysis of diphtheria nearly always gets well. I am glad Dr. Ross still finds reason to hold the views he has expressed in regard to diagnosis. The cause I purposely