by thrombosis of the pulmonary artery, caused partially by prolonged toxemia and wasting. Fever and wasting were constant and prolonged. The spleen was much enlarged. A reduction in fever occurred with the onset of edema and ascites. Serum and vaccines were valueless. The other case was in a boy, aged eighteen years, in whom the tricuspid and aortic valves were involved. Death was due to a terminal infection of the lower lobe of the left lung and secondary cardiac failure. The spleen was much enlarged but the degree of fever less than in the first case. A streptococcus was found in the blood but autogenous vaccines were useless and the streptococcus was probably due to the terminal infection. Serum and vaccine treatment are practically hopeless, except they may in some cases enable the body to destroy the infective agent if given very early. Quinine, arsenic, iron, and perchloride of mercury are of value.

Diphtheritic Paralysis.—J. D. ROLLESTON (*Archiv. of Pediatrics*, 1913, xxx, 335) reports his findings in a study of 2300 cases of diphtheria with especial reference to diphtheritic paralysis. He found it exceptional for paralysis to develop after the sixth week. Of the 2300 cases, 20.7 per cent. showed some form of paralysis. In each series of 100 cases the percentage of paralysis was never less than 10 or more than 31. He shows that there exists a close relation between the acute attack and the subsequent paralysis. The more severe the acute attack the more frequent and severe the subsequent paralysis. Where the nostrils as well as the throat are affected the incidence of paralysis is greater than when the fauces alone are affected. Pure nasal or laryngeal cases showed practically no subsequent paralysis. Affection of the tendon jerks and the presence of Babinski's sign is more common in severe than in mild attacks. But 1.3 per cent. of the cases showed a relapse and none of these cases developed paralysis. Second attacks, varying from three months to fourteen years, were found in 2.1 per cent. of the cases. Paralysis was more frequent in children than in adults, the majority occurring between two and six years of age. Early injection of antitoxin undoubtedly jugulates the disease, and minimizes the occurrence of complications. Cardiac and palatal paralyses are the only ones occurring during the first fortnight. After this time no serious palsy occurs, as a rule, until the fifth week. During the fifth and sixth weeks other palsies develop, such as ocular, diaphragmatic, etc. In this series 85 deaths were due to paralysis. The prognosis is better in older patients. There was no fatal case above the age of thirteen years. Cardiac, pharyngeal, and diaphragmatic palsies are the only kind which may cause anxiety. A well-marked serum reaction at the usual period after injection is a favorable omen. It is exceptional for cardiac paralysis to be fatal in these cases. In severe cases the patients should not be allowed to sit up for six weeks.

Summer Heat and Summer Diarrhea.—HECTOR CHARLES CAMERON (*British Jour. Child. Dis.*, 1913, x, 205) believes that this subject has been dealt with too exclusively from the point of view of the epidemiologist. All factors in the etiology of summer diarrhea other than microbic contamination have been too much neglected. Even if we could secure a faultless supply of milk we should still