

according to the rapidity and malignity of the disease. Should the attack not abort in twenty-four hours, the continuance of the stimulant will almost invariably hasten the exfoliation, so to speak, of the false membrane, in two or three days at most.

The only additional treatment, excluded however in cases seen early, is sulphur blown into the throat every two hours, freely and continuously, while a trace of false membrane forms or spreads—along with iced chlorate of potash as a drink *ad libitum*.* In cases seen later, quinine, or iron and quinine, are sometimes essential, with stimulants, according to degree of debility. In adults, when glandular engorgement is great, threatening even laryngeal obstruction from pressure inwards, ice, in bladders applied at night, the critical time, is of very great service.

It is, however, with the treatment of diphtheritic croup I wish more particularly to deal. In this form of the disease, prostration at first, at all events is comparatively rare, with but little extension of membrane about the tonsils and uvula. Indeed, the little sufferers often run about daily, with scarcely a febrile flush, appetite as usual, vivacious too, playful and happy: but alas! how flatteringly deceptive. At midnight, perhaps, or approaching early dawn, the child awakens with more or less croupy cough, which, with the usual domestic aids passes off by 'reakfast time. Slowly, but surely and stealthily, however, a false membrane has formed, and night by night the croupy coughings increase, gradually developing into the day hours. On looking, now, at the throat, the tonsils will be found engorged and purple, with little circular patches here and there; or it may be, a single strip of false membrane, and unless soon relieved, death is presently, the inevitable result.

In other cases, the membranous laryngitis is very acute and speedy in progress from the first, with great engorgement of gland and cellular tissue without, as well as tonsillar swelling within; and the patient chokes up in a very few hours, either

from pure mechanical obstruction, or the latter conjoined with acute congestion of the lungs, or it may be, capillary bronchitis.

In all croupy cases, it is essential to begin with the free application of heat in some form around the throat and neck, either in the shape of poultices, or folds of lint wrung out of vinegar and hot water, covered with thick flannel, and frequently repeated, night and day—the grand object to be kept in view being the continuous application of heat and moisture. As croupy symptoms develop, apply a fly blister across the front of the chest, and in severe cases, the back of the neck as well, or even on the thighs or legs. In children, however, young, keep the blister open, until out of danger, with any form of stimulating application or ointment. As such cases always bear depressing treatment, full doses of alum or antimony may be given for a few hours, followed up rapidly with diuretics, and if not decidedly relieved, the iodide and bromide of potassium in frequently repeated doses, along with the chlorate. Diet: milk and chicken broth liberally. As the graver symptoms decline, under the above measures, extreme weakness sets in, sometimes speedily, which is easily met with quinine and wine, according to the degree of prostration.

It may be here stated, an interesting feature will often be noticeable with regard to the counter-irritant, from the second or third day of application. The blistered surface instead of discharging ordinary pus, will often now be found to assume the precise appearance of diphtheritic false membrane, as indeed it is, flaking off, as in the throat, while convalescence advances. The following is a case, the gravest of three, recently treated (all diphtheritic) that convalesced last week.

CASE I. Albert W. æt 5.—*Feb. 7th, 1878.* Was called in, early in the morning; child had been sick during the night; great glandular engorgement; very uneasy; a small patch of diphtheritic membrane on right tonsil; face intensely flushed; anxious countenance; skin generally hot, and complains much of headache; mouth and breath foul. Treatment; hot applications to the throat, renewed frequently, antimony and alum in full doses every two hours until he vomits freely; afterwards every four hours.

Feb. 8th.—Child much relieved; still considerably croupy however, but fever and headache less. Blister applied over sternum, $3\frac{1}{2} \times 4\frac{1}{2}$.

*In rebellious children, infants, or in any case where the membrane threatens to spread rapidly, the following applied by means of a pliable and firm feather tip, every two hours, diluted with equal parts of water, for young children, will always be found useful.

R. Acid Carbolicæ..... $\frac{3}{4}$ ss.
Tinct. Iodini..... $\frac{3}{4}$ i.
Glycerinæ ad..... $\frac{3}{4}$ ss.—M.