Dr. Shepherd mentioned having lately seen a boy 8 years of age suffering from chancroid and gonorrhœa.

The Secretary, Dr. Henderson, handed in his resignation which was accepted. A resolution was passed by the Society to present Dr. Henderson with an illuminated address, expressing appreciation of past services and good wishes for future success in his new sphere of labor.

Dr. Gurd was appointed Secretary and Dr. J. Leslie Foley, Librarian.

Progress of Medical Science.

ON THE TREATMENT OF CROUP.

By Professor Dujardin Beaumetz, Member of the Academy of Medicine; Physician to the Hospital St Antoine, etc., Paris, France.

To guide you in the diagnosis of pseudo-membranous croup, and of the grave forms of simple laryngitis, you will have only two important symptoms to take into account—of course, you should first settle the question, if possible by inspection whether there be false membranes in the throat or windpipe: 1. In simple laryngitis, paroxysms of suffocation are not so common or so noticeable as in croup, the difficulty of breathing is constant, but exacerbations are not so marked. 2. The march of croup is more sly, insidious, and progressive, the symptoms of the *Debut* are not generally alarming. The onset of simple laryngitis is more acute, noisy and violent, but in the milder cases we soon see improvement. The graver cases, however, of this affection soon manifest symptoms not at all easy to discriminate from the ordinary symptoms of membranous croup; in both we have the gradual increase of pallor and prostration, the weakening and extinction of the voice, the hoarse, barking cough, and the laryngeal whistling giving place to silence, the dyspnœa becoming more and more intense, till death ends the scene.

Thus we see that in very young subjects the confusion is almost inevitable between simple laryngitis and membranous croup, but this is not prejudicial to the patient, since the same line of treatment is applicable to both cases. The prognosis, however, is different, and it is easily understood that tracheotomy gives better results in the first case than in the second.

The difficulties of diagnosis between membranous croup and laryngismus stridulus are much less great, and you will hardly fail to know the latter when you see it, if you will keep in mind the classical description. The little patient is attacked suddenly in the night with a paroxysm of suffocation. The child was in perfect health the evening before, or had only a slight cold. Respiration is obstructed and occurs with convulsive struggles and crowing inspirations. There is a sonorous cough, and a peculiar hoarseness of the voice. During the paroxysms the child is in the greatest distress, and asphyxia seems imminent. The family in the utmost alarm summon the physician. Here is an opportunity for a brilliant triumph of therapeutic skill; you can very easily subdue this false croup by the use of two remedies, chloral and bromide of potassium. When your patient is very young, under two years of age, I advise you to employ bromide of sodium in the dose of 7½ grains. This dose may be given in a teaspoonful of syrup of chloral; the whole may be administered in a cup of warm, sweetened milk, to which the yoke of an egg is added. [The strength of the French syrup of chloral is fifteen grains to the tablespoonful.] For older children you may administer in the same vehicle the bromide of potassium, in the dose of 7½ to 15 grains, and you may double or even quadruple the dose of syrup of chloral.

I have felt it to be my duty to emphasize the importance of correct diagnosis, for before you undertake to treat a case of croup you ought to be sure that you have a case of croup to treat. When once you shall have recognized in your patient the symptoms of membranous laryngitis, symptoms which I need not describe to you, and for whose full exposition I refer you to your treatises on clinical medicine and practice, you have two methods of combating this dire affection and these are—(1) medicinal, and (2) surgical.

(1) The medicinal methods are absolutely identical with those which I have indicated for diphtheria angina, and the difference in the localization of the disease necessitates but slight modifications in the treatment.

These modifications affect especially the mode of application of the remedy. While it is an easy matter to make applications directly to the pharnyx, it is extremely difficult to medicate topically the windpipe. When treating of diseases of the lungs I pointed out to you how hard it is to make medicinal substances penetrate the air-tubes, and demonstrated how little service cold pulverizations can render. Hence, swabbing of the larynx and insufflations of powders have been recommended. All these means, so difficult of accomplishment, should be abandoned, and you should rely on the steam atomizer, whose medicated vapor moistens the upper part of the larynx, and is about the only topical agency which I advise.

Another indication to fulfil is to promote expectoration of the false membrane in the air passages. You understand the utility and the necessity of this therapeutic measure. Unhappily we have no expectorants of real utility except the emetics, which only indirectly favor expectoration; at the same time the efforts of vomiting promote the expulsion of the false membranes, and it is advantageous to avail ourselves of their aid.