guide to the amount of food. The author does not claim that the exact quantity can be prescribed; nor is it necessary, since nature has provided the child with the power of enduring limited deprivations and excesses. We may be sure then that a table founded on experience obtained from a very large number of cases, will give and does give genuine satisfaction. It will certainly be appreciated in the absence of any other.

Dr. Seibert insists that the bottle used shall not exceed the one indicated by the child's weight as given in the above table, as he holds that the *weight*, and not the *age*, should determine its food proper.

DIPHTHERIA IN CHILDREN.

From Prof. Winters and others, I got the following ideas relative to the treatment of the above affection:

℞.—Tr. ferri chlor., ... ℥ js.
Glycerini, ... ℥ iijs.
Sig.—℥ j. every hour.

For a child from three to five years:

℞.—Tr. ferri chlor., ... ℥ j.
Kali. chlor., ... ʒ js.
Glycerini, ... ʒ ij.
Sig.—℥ j. every hour.

Burn a sulphur candle for ten or fifteen minutes every hour. Though disagreeable to the nurse, the sulphur process will increase the secretions and make breathing and swallowing easier.

Oil of eucalyptus ʒ js., and water O ij., are heated in a croup kettle. The steam is inhaled for ten minutes every hour. A hot poultice of flax seed, covered by a dry flannel, is applied every half hour to the throat under and behind the jaw. Over the poultices oiled silk is placed to retain the warmth and moisture.

Heart failure is greatly to be feared, even after apparent recovery. To avoid this, the recumbent position is advisable until absolute recovery takes place. This same care should be taken in mild as well as in severe cases, the patient remaining in bed till the pulse becomes normal.

Calomel in ¼ gr. doses is given to promote regular evacuations of the bowels. The use of iron is necessary, and to obtain the best results it must be given in large doses every hour, both day and night, awakening the child, if necessary.

Stimulants should not be given early in the disease, as they would be less effective when most needed. They should be used without limit when the pulse is slow and irregular and the secretions begin to fail.

For a child of two years:

℞.—Sp. frumenti, . . . ʒ js. to ʒ iij.
Sig.—Every hour.

The stimulant should be given with food. Concentrated nourishment, in the form of artificially digested food, may be introduced into the rectum. Prof. Siebert claims immediate and almost specific results from the injection of chlorine water (1 in 150) into the tonsils or sides of pharynx by means of hypodermic syringe. He uses ice packs, instead of the poultices, and mercurial ointment externally. In using the chlorine water, from two to five drops are injected. Its action is local. Acetic acid is now receiving some attention for this disease. In an experiment lately demonstrated in the Polyclinic in regard to the therapeutic value of chlorine and acetic acid, conclusive results were obtained. Blood serum and gelatine (after Koch's method) were used as a cultivating medium for the microbes. This was placed in three test tubes. A piece of diphtheritic membrane obtained from the pharynx was divided into three parts. One was dipped into the gelatine preparation just as it was; the second piece was first placed for two seconds in chlorine water; while the third was for the same length of time in a 5 % solution of acetic acid, both being then placed in the gelatine. Microbes developed only in the first tube, showing the power of the chlorine water and acetic acid as antiseptics. Peroxide of hydrogen is recommended by Drs. Major of Montreal, Elder, of Seaton, Ill., and Hope, of New York. It may be used in full strength. It is perhaps best used in the form of a spray. It possesses the following advantages (1) it is not poisonous and may be taken into the stomach; (2) it gives no offence to taste or smell; (3) It is antiseptic and deodorant; (4) It dissolves the false membrane; (5) it is not incompatible with other remedies.

In treating diphtheria it is usually granted that it is bad practice to remove the membrane by force, so leaving a raw surface open for infection already present.