

laryngeal implication. Its pleasantness any one can test by throwing it in spray into his own mouth and throat.

RULES FOR TREATMENT.

I.—Give a teaspoonfull of No. 1 and of No. 2 alternately, every half-hour, except at night, when the patient may be allowed to sleep for an hour or two at a time.

II.—Spray the throat with No. 3 for several minutes at a time whenever the above mixtures are given—that is, every half hour. It is essential that the nurse be carefully instructed in the proper method of doing this. The mouth must be opened widely. When the child is too young to do this, the spraying must be omitted.

III.—When there is nasal implication, the nose should be thoroughly syringed out with warm or tepid salt water, once, twice, or three times a day. I have lately employed no other agent. It should be done with the patient's head inclined forward, after the method which is described in my above-mentioned paper. It is very important that the physician know how to do this well, and, generally, *do it himself*. I have always used a two-ounce hard-rubber ear-syringe. It is absolutely essential that this have a suitable nozzle, which is not always the case.

IV.—Do not (as a rule) apply any brush or swab to the throat. I sometimes throw a drachm of No. 1, with a syringe, directly against the affected surface in the throat.

V.—Do not (as a rule) give any quinine or other unpleasant medicine to children. This rule is of great practical importance.

VI.—Do not (as a rule) give alcoholic stimulants. Call this rank heresy—as the majority will! It is none the less true that your success will be greater without them. There are, of course, a few exceptions; those are the cases where a child that cannot be induced to take other nourishment will take weak milk-punch or egg-nog.

VII.—Nourish the patient with an abundance of cold milk, given frequently, to which a little limewater may often advantageously be added. This rule is of the greatest importance. Even a bad case may be regarded favorably while the patient continues to take nourishment well. When the stage of extreme exhaustion has been reached in bad cases, juice squeezed from beef-steak is a valuable addition to the bill of fare.

Simple as this method of treatment seems, its successful application in bad or protracted cases will require much skill, tact, energy, and perseverance. Let not any who may at first fail in its employment hasten to decide that the method is at fault. The efficacy of water in extinguishing fire is undisputed. There are, nevertheless, many instances of its unsuccessful application.

In my previous paper on this subject I used the following language, which some instances

that have since come to my knowledge have shown to be prophetic:

"If any shall adopt some of my methods, only to make them *part* of a treatment in which quinine, alcohol, etc., or topical brushing enter, I predict that they will be the very ones who will pronounce my system a failure."

The reviewer of a leading medical journal failed to find anything very distinctive in my method of treatment, because the drugs employed in it had previously been in general use. I specify the following as distinctive features: 1, the combinations, which are especially simple, pleasant, harmless and efficacious; 2, the convenient and unirritating methods of their application; 3, the frequency of their application. For others I refer back to rules IV, V, and VI.

The results of this method in 124 cases treated by me from the Dispensary, in 1875, were stated by me as follows:

"Of these 124 patients, 94 recovered and 30 died—24 $\frac{3}{4}$ per cent.

"That this rate of mortality is at least fifteen per cent. less than the average from genuine cases of diphtheria during that year in that district will, I think, be admitted by those best qualified to judge; though in the absence of full and accurate returns of the number of cases it would be impossible to prove it statistically. But it yet gives no idea of the actual results of my treatment, which I fortunately can show statistically and accurately.

"Of the 124 cases, 22 passed under the care of other physicians, in most instances after a single visit only, and, in some, without the medicine I prescribed having been procured, leaving 102 that continued under my treatment. Of the 102 that continued under my treatment, 88 recovered and 14 died.

"Of the 22 who passed under the treatment of others, six recovered and 16 died. The extreme badness of these latter results is partly to be accounted for by the fact that some of them were hopeless, and others severe cases, for which, on account of my unfavorable prognosis, other medical aid was called in.

"This is not, however, true of all, fully half of them having been by no means bad when I saw them. Some of them left my care through dissatisfaction at my not using topical applications. The results, in such cases, as I have since learned them, were particularly bad.

"Of the fourteen who died under my care, one was moribund when first seen, surviving only two hours; one was already a hopeless case of laryngeal croup; two others were hopeless cases from extensive membranous affection and marked indications of blood-poisoning. Deducting these, leaves ten deaths out of 98 cases in which the treatment was tested with some degree of fairness, or a little over ten per cent."

These results were obtained under all the well-known disadvantages that attend Dispensary