

form more rapidly in children than adults, from the greater plasticity of the blood in the former. In children between three and six years of age both tonsils and the posterior part of the pharynx may be coated with diphtheritic membrane in from 36 to 48 hours, whereas in adults and old people from five to six days may elapse before all these parts are invaded.

According to Trousseau the membrane grows from day to day by the addition of new layers which form below those first deposited; the layers assume a stratified arrangement, those at the surface becoming soft and easily torn, and are altered in colour by food and medicine taken by the patient, by matters vomited, by oozing of blood from the pharynx or posterior nares; become grayish or blackish so as to resemble a gangrenous slough, and exhale a disgustingly foetid odour, but the detritus being removed the mucous membrane appears red, scarcely excoriated and certainly presenting no trace whatever of gangrene. This great clinical teacher only met with three cases of gangrene in his whole career.

Pharyngeal diphtheria sometimes invades the oesophagus and even proceeds to the cardiac orifice of the stomach, but usually invades the larynx and trachea, causing the very fatal affection known as diphtheritic croup.

In the case of a married lady I attended last summer with pharyngeal diphtheria the prostration was extreme and vomiting for 24 hours almost uncontrollable. I remained all night at the bedside of this patient, constantly fighting the invisible enemy, and on the third day, when all membrane had disappeared from the throat, she was attacked with severe abdominal pain, became very pale and symptoms of collapse were ushered in. She passed from the bowels a large quantity of blood, but thanks to ergot, turpentine and whiskey she rallied and is well to day.

Nasal diphtheria may be either primary or secondary, but usually extends from the pharynx. First of all a redness appears at the orifice of the nostrils, analagous to that observed in persons suffering from coryza. Even slight coryza supervening in diphtheria is to be regarded as a serious occurrence, for it shows that the specific inflammation has reached the nasal