

THE MODERN TREATMENT OF DIPHTHERIA.

DR. EDWIN ROSENTHAL, of Philadelphia, who has had large experience during the past two years in the treatment of diphtheria by antitoxin, in the *Medical World* of December last gives a resumé of his work in this direction. He says that his cases were sometimes mild, and at other times of a very severe laryngeal variety requiring intubation, but adds that he found they never recovered so quickly as under the antitoxin. He classifies the cases as follows:

Whole number treated	141
Number of deaths	6
Mortality	4 $\frac{1}{2}$ %
Faucial	86
Laryngeal	55

FAUCIAL VARIETY.

Tonsils	68
Pharynx and tonsils	14
Nasal	3
Pharynx	1
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	86

LARYNGEAL VARIETY.

Laryngeal	18
Tonsils and laryngeal	22
Pharynx, tonsils and laryngeal	8
Nasal, pharynx, tonsils and laryngeal	4
Pharynx and laryngeal	3
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	55

Of the 55 laryngeal cases, 5 died; 24 required intubation, of which 2 died. The result of the laryngeal cases shows conclusively the value of the antitoxin. The doctor is strongly of the opinion that the earlier the antitoxin is used the better. In 128 cases he used the serum on or before the fourth day. To show the results of his cases, Dr. Rosenthal quotes from his laryngeal cases: Intubated before antitoxin, 100 cases; 62 died—a mortality of 62 per cent. Since antitoxin, 24 cases; 2 died—mortality of 8 $\frac{1}{2}$ per cent. The doctor goes on to show the therapeutical effect of the antitoxin on the various organs of the body, its lowering effect on the pulse rate, rapid decline in temperature, its sometimes wonderful effect on the diphtheritic membrane (a line of demarcation forming between the healthy and diseased mucous membranes). In laryngeal cases, when the antitoxin is used early, there is seldom any need of