

laryngeal, the facies, restlessness, stridor, progressive dyspnoea should not be mistaken.

The constitutional symptoms may be simulated by other diseases, but particular attention should be concentrated on the gradual onset, depression, slowly rising temperature, and albuminuria.

The antitoxine treatment needs no laudation, let alone any defense. It has reared its own lasting monument. It undoubtedly gives the best results when used early. Very much larger doses are required, and much less brilliant results obtained when used late. For, after a few days, the primary specific lesions become complicated by the invasion of other bacteria, and a mixed infection results. In such cases, active local and symptomatic treatment are urgently required.

In the ordinary tonsillar case, when seen early, antitoxine should be administered at once, and repeated every four or six hours, doubling the dose each time, till the symptoms show some remission. At the same time, active local measures should be carried out by spraying or gargling with some standard antiseptic solution.

The patient should be kept quietly in bed. In this connection it is deemed unwise to struggle much with a child. If it resists spraying, more harm may be done by thus taxing the heart than by the omission of the spray.

Stimulants may be used when the pulse demands, but not before, and the best stimulant is alcohol in some form, or strychnia. In the laryngeal type, owing to the spasmodic nature of the disease, it is better to use either alcohol or digitalin, or some other diffusible stimulant, such as ammonia or camphor. If paralysis occurs, it is generally not alarming, but if swallowing is very difficult, we may feed by gavage. The prognosis is good. The paralysis generally disappears in from three to six weeks through rest and by giving small doses of strychnia. In the nasal type, active antitoxin treatment is imperative. The irrigation method is the best way to treat the local conditions. They are generally accompanied by a very considerable depression, and consequently stimulants are required. As a rule, larger doses of antitoxin are administered than in the treatment of the tonsillar variety.

In treating laryngeal diphtheria, a rapid, concise plan of action is imperative. Antitoxin should be given in full doses. The patient should be placed in a steam tent. Then should follow a full dose of morphia and atropine. Stimulants are useful, but not strychnia.