

by making other local applications. Moreover, there is good reason to assume that the paralysis which is sometimes a serious complication during the convalescence is due to impoverishment of the blood, the restoratives contained in this mixture should therefore prove a powerful preventive of this complication. Experience justifies this expectation, for paralysis will be encountered but seldom during the progress of the disease or in the convalescence.

The same may be affirmed of the effects of this mixture upon the local symptoms and upon the formation of the pseudo-membrane. The local pain, the congestion and swelling are relieved, and it is not unusual to see the forming membrane disintegrate and disappear within twenty-four hours after commencing the treatment. The earlier suitable topical applications are made to the exudate the more easily may it be removed. Unquestionably the case is sometimes made worse instead of better by the frequent resort to the probang, charged with escharotics or irritating agents. Besides, the excitement produced by this procedure must result in injury to the patient, especially when force is required to overcome the resistance offered by the child from fear and dread of the operation.

The importance of surrounding the patient with a warm atmosphere has been asserted. It is also important that the air be kept moist. The inhalation of simple warm aqueous vapor will produce benefit by its solvent effect upon the exudate, and also by allaying irritation and discomfort of the fauces. While this is being done additional benefit will be attained by charging the vapor with some agent or agents of recognized power in resolving the membrane, and also efficient as antiseptics, as aqua calcis, eucalyptus, oil turpentine. Pepsin or trypsin may have a beneficial effect in dissolving the membrane, when the ordinary remedies fail.

The steam atomizer will be found efficient in utilizing the vapor. After a certain age, no difficulty will be experienced in directing the spray into the throat. And even in cases of very young children, the timidity may be readily overcome by placing the atomizer when in use (and it should be in use while the false membrane persists) at a distance from the face, and gradually approximating it till the vapor is inhaled freely. The same object may be attained by causing the vapor, charged with the solvent, to rise from an open vessel placed contiguous to the patient.

Of albuminuria it need only be said that it is present in a large proportion of cases, and that while the kidney is large and pale, it is not indicative of the serious renal complications, as in scarlatina, and it is exceptional when any serious effects from it become chronic. Iron and chlorate of potash would seem to be indicated for this phase

of the case, and these are contained in an eligible form in the prescription already given. Too much stress cannot be laid upon the importance of sustaining the strength by the liberal use of nourishment. Though the patient may feel no desire for food, he may be induced to take it, if it is offered in a concentrated fluid form, which should be repeated at short intervals. In conditions of great depression, stimulants are indicated. It is a fact of common observation that alcoholic stimulants are well borne in diphtheria, and that intoxication is not likely to follow even the free administration of whiskey. So beneficial are stimulants, that the free use of spiritus frumenti is considered by some as specific treatment (?) in diphtheria. Under the same condition it will be natural to cast about for other active tonics, and quinine will be among those selected. That quinine produces any specific action in diphtheria is problematical, and when administered, it should be for its tonic effect.

Strychnia is the remedy frequently prescribed for the removal of paralysis complicating diphtheria, as if this drug had some specific influence in restoring muscular power. Query—Can strychnia be relied on for restoring innervation in this, as in some other forms of paralysis? Are not the indications here first, to establish assimilation, and second, to improve the quality of the blood?

Galvanism is an agent of undoubted value in the treatment of these paralyzes, by stimulating nervous power, by exciting muscular contractions and by increasing the nutrition of all the structures involved in the paresis. Should tracheotomy be performed, even in extreme danger of the patient in diphtheria? It is true this operation has been performed many times when the patient was in great peril; and sometimes recovery has followed. It would be just to say that the recovery in at least a minor proportion of cases has been due to the operation. This, however, has happened so seldom that the procedure has long been regarded by the laity with disfavor; and were the whole truth stated, undoubtedly the profession regard tracheotomy as the forlorn hope. And furthermore, there is reason to believe that in a proportion of cases, the fatal result might have been avoided, had the surgical interference not been interposed.

When we review the past we can see but little in the results of tracheotomy that is reassuring. Any procedure, therefore, which promises equal benefits, and is at the same time free from the objections indicated, will surely be hailed as an improvement. Intubation, it is now claimed, offers these advantages. Since the revival of this procedure by Dr. O'Dwyer a little more than a year ago, it has been tested in many cases, and the results as reported have been so satisfactory as to encourage the hope that it will soon supersede tracheotomy, at least in the majority of cases. It