

may very often prove fatal. At the same time it is a disease very liable to be mistaken for another not less fatal, viz. diphtheria.

Attempts have been made, especially by French authors, to prove that these two diseases are identical; but every observer who has had ample opportunity for the close observation of both affections, will be at a loss to understand how such an attempt could be justified. It is a well known fact that diphtheria generally commences in the tonsils, and extends thence into the larynx, forming a false membrane, which is so closely adherent and even interlaced with the normal tissues that an attempt to remove it brings away small shreds only, with adherent portions of the mucous membrane, thus leaving a rough, bleeding, and painful surface. In croup on the other hand, although a false membrane is likewise formed, it is not adherent to the subjacent surface, but merely lying upon it, so that it may not unfrequently be expelled by the effort of coughing, in the form of a mould of the parts on which it has been formed. It is well known that in this manner not only a complete cast of the larynx, but also of the ramifications of the trachea and its branches, may be ejected. Much importance was formerly attached to the sound attending these fits of coughing, which has been described as barking, crowing, &c.; but no great reliance can be placed upon these signs, since they may be produced in many affections of the larynx. The most important fact, however, which distinguishes these two diseases, is the general or constitutional character of diphtheria, and the purely local nature of croup. This point is well illustrated by what occurs in the treatment of these affections: suppose that in either of these cases tracheotomy has been performed, in diphtheria the progress of the disease is not only checked, but the wound inflicted often takes on the diphtheritic character, whilst in croup this complication has never been observed, and we may very often save the patient's life by performing this operation at an early period.

In determining the value of the treatment of diseases of the throat by means of inhalation, much will depend upon the proper selection of an apparatus adapted to the nature and situation of the affection, as I have endeavoured to show in my work on this subject.¹ Inhalation cannot be considered as constituting of itself a system of treatment, but merely as a means for the local application of certain remedies, which has proved successful wherever a fair trial has been accorded to it.

Even after the long-continued debates and experiments in the French

¹ On Inhalation as a means of Local Treatment of the Organs of Respiration by atomized Fluids and Gases. London: Robert Hardwicke. 1866.