

3. An ice collar, worn until all glandular enlargement disappears.
4. A gargle every two hours of

Hydrogen peroxide	2 parts.
Euthymol	2 parts.
Lime water	4 parts.

5. Membrane to be touched for ten or fifteen seconds with Loeffler solution, ever three hours. This is composed of :

Menthol	10 gm.
Toluene, q. s. ad.....	36 c.c.
Creolin	2 c.c.
Iron chloride sol.....	4 c.c.
Alcohol, q. s. ad.....	100 c.c.

This dissolves the membrane and destroys the Loeffler bacilli in situ.

Should the patient be needing a stimulant, the calomel was omitted and whiskey or strychnine administered. Other symptoms were met by appropriate means as soon as they arose.

Cases of laryngeal diphtheria were treated with steam inhalations after being injected. Children with pneumonia complicating diphtheria were put in the oil silk jackets and kept in an atmosphere of comp. tr. benzoin and other non-irritant inhalations.

The frequency of dose of the antitoxin depends upon the spreading of the membrane and the condition of the temperature.

How soon is a patient to be discharged as cured? I have had a culture taken from throats each day for three or four days until all Klebs-Loeffler bacilli disappear before I pronounce the cases well enough to mingle with others, for it has been known that the Klebs-Loeffler bacilli may be carried in the throat of a person without danger to himself, and yet be the source of great danger to others.

As a rule the cultures taken after all membrane has disappeared from diphtheritic throats prove negative after three or four days.

Just how dangerous the diphtheritic bacilli are after the use of the antitoxin, remains for the bacteriologist to determine. Where antitoxin has not been used, I have known reinfection to occur ten or fourteen days after primary attack.

Diphtheritic paralysis developed only slightly in two cases, but more severely in another case where all the vital centres had suffered from previous disease. Albuminuria was noted in a few cases, but as the disease predisposes to renal disease the antitoxin could not be held responsible; all these cases cleared up as soon as the poison was neutralized. No secondary infections occurred after the disease was once under control.—*Journal of the American Medical Association*, March 6, 1897.