

symptoms. If the nostrils are clogged with mucus and pus, I apply a nose-douche of some non-irritant disinfecting fluid in grown-up patients; in small children the air-bag alone will do in many cases; and *must* do as injecting in a child's nostrils usually meets with a stubborn refusal. From the effects of nitrate of silver in other localities, we may infer that this agent would be likely to do much good here also but it would not be advisable to employ it in sufficient strength to be of any use, because of its irritating effect on the non-affected parts, as it often causes quite severe pain. With our inability to treat this part properly, it is consoling to know that there is no immediate danger to the patient's life, or very little, compared with the danger involved in diphtheria of the larynx.

Diphtheritic and croupous infiltrations are clinically the same disease. The oedematous swelling of the laryngeal mucous membrane that accompanies the infiltration, together with the paralysis of the abductor muscles, are the main factors in bringing about the threatening suffocation. When I propose to apply here also the same agent, I am well aware of the difficulties and uncertainties of the procedure. Still it has been of so much service to me in my long practice that I feel compelled to recommend it. It is only fact and fiction, that cases that seemed to demand an immediate tracheotomy were benefited by the introduction of a 20-per-cent. solution of nitrate of silver repeated as often as the symptoms required. For introducing this solution into the larynx I employ a bent cotton-holder having about the same angle as that which is used for introducing a tube into the larynx. After having soaked the cotton batting in the solution, I squeeze out most of it again, pull the patient's tongue out as far as it can be done without too much discomfort, and by a rapid movement introduce the instrument into the larynx. A choking spell, that soon passes away, indicates the success of the proceeding.

In many cases it is not practicable to pull the tongue out, but this same treatment can be made a success by simply pressing the tongue down with this tongue-depressor. As there is no harm in repeating it, if the first attempt fails, since the diphtheritic infiltrated fauces can easily stand a 20 per-cent. solution, it must not be given up until the choking announces its success. But, on the other hand, the more rapidly such manipulations are made the better for the patient and physician. How often these applications are to be made depends upon the severity and duration of the symptoms. To keep down the swelling in the larynx an external application of ice-bags changed as often as required, will be found of very great utility, and children, after becoming used to them, will very often crave for them again if they are taken away, although there is in

any other way not much comfort connected with their use.

This is a general outline of my method of treating this disease. It would take me too long to detail it further, and I would probably trespass too much upon your indulgence if I further mentioned the advantages, and certainly, also the shortcomings, of this proceeding, in dealing with a disease that just as often leads to good results under the most innocent and expectant treatment, as it baffles the skill of the most expert and conscientious physician. I have no statistics with which to support my statement. I can only say that for fifteen years I have treated no case of diphtheria in any other way. When one physician states that he lost some cases because his patients would not take the medicine, and another one that he never lost a case treated with this or that drug then the value of statistics becomes very problematic. Only in hospitals for diphtheritic patients where one or the other proceeding would be given a fair trial, would statistics be of any value. But, so long as no such opportunity exists, individual claims for this or that remedy or procedure must be considered of doubtful merit. I do not expect any unconditional acceptance of my views, but I do expect an unconditional surrender of the old ones. We owe thanks to the bacteriologists who have branded this disease as a filth disease, that is, one bred by filth and breeding filth and one whose invasion usually starts in the throat. There is no loop-hole though which we can escape the urgent necessity of doing away with the filth. Nobody would think of soaking a diphtheritic ulcer externally with some indifferent drug, but he would cauterize it in one way or another to bring about healthy granulations, and thereby check the hideous disease. And why not, then, do the same thing in the throat? What excuse is there, other than customary laziness or hopeless fatalism for not even taking the trouble to inspect the throat, and for prescribing some innocuous drug that can never have the effect of checking the production of the toxic material, or of preventing its absorption? We scoff at christian science healers and faith-cure, but if this way of treating diphtheria is not faith-cure, then I do not know what it is.

Before finishing my paper, allow me to mention what I consider a real advance in the treatment of this disease—that is, the use of the spray. It does not meet all the requirements, but I cannot help regarding it as a step in the right direction. It has a sound basis, so far as it intends to remove the filth, and aid in its expulsion and in the sterilization of the infiltrated part. But I fail to see how we can expect from it any effect at all comparable to that which destruction of the infiltration yields. I am more inclined to believe that these two agents—cauterization and the spray—employed simultaneously, would give the best results, but I have not employed the spray