

cases, and when it should be resorted to. Stern is authority for the following rules by which we may be guided :—

1. It is better to intubate when the patient is under three and a-half years of age.

2. Between the ages of three and a-half and five years, tracheotomy has the preference, being of course guided by individual circumstances.

3. Over five years of age, always tracheotomy.

4. In adults, never tracheotomize, but try intubation.

5. When the trachea is crowded with membrane, intubation should never be performed.

Statistics show very little to choose from, intubation giving $26\frac{2}{3}$ per cent. of recoveries, tracheotomy giving $26\frac{1}{2}$ per cent.

Of the many remedies that have been recommended as solvents of the membrane, I believe the peroxide of hydrogen to be the most serviceable. I have every reason to have confidence in it, having since November, 1891, when I used it for the first time, treated 53 cases of diphtheria, with the loss of only one patient.

Before concluding, I would like to quote two or three rather interesting cases.

CASE I.—Lizzie W., *æt.* 16. When I first saw her she was suffering greatly from dyspnœa, owing to the great extent of the membrane, which literally filled the throat and mouth and nose, extending forward to the teeth, and giving the roof of the mouth the appearance of being coated with a thick layer of gelatin, the mucous membrane, tonsils and uvula being entirely hidden from view. Throat very much swollen. Pulse 120 and weak. Temperature 101. I immediately removed the membrane by means of a teaspoon, the forceps with absorbent cotton being of no use whatever, so thick was the membrane. This done, I sprayed with a solution of bichloride of mercury and iron. The patient was now able to breathe freely, showing the larynx to be free from membrane. This was done at noon time, and when I again visited her at 6 p.m., I was astonished to find the condition almost as bad as at first. I again removed the membrane, giving the same relief to the patient, and on inquiry I found they were late in getting the peroxide and had only used it once on account of the froth nearly choking the patient. I instructed them in the use of the atomizer and left, returning

again about midnight, finding marked improvement, it being necessary to remove the membrane only twice more, the throat and nose being entirely clean in eight days. General paralysis now followed, the part affected first being the first to get well, lasting in all about ten days. I now thought the patient free from further trouble, when she suddenly became deaf, which lasted about three days, being closely followed by dimness of vision, resulting in total blindness, from which she recovered in about forty-eight hours.

CASE II.—Was almost identical with the one just mentioned; the membrane had to be removed in the same manner. The patient, a girl of 18, was menstruating at the time, causing her great pain and a high temperature. The after effects were the same as in the other case, but her recovery was not nearly as satisfactory, the patient suffering for months afterwards from dysmenorrhœa.

CASE III.—The interesting feature in this case was œdema of the uvula, resulting in entire sloughing.

CASE IV.—C. M., a boy *æt.* 8, had a bad attack of diphtheria in November, 1891. In March, 1892, the mother brought the boy to my office, saying that he had been vomiting in the mornings after eating his breakfast, for some time past. First noticed this about three or four weeks after his recovery from diphtheria, but had not thought it serious until the time of consultation, as it had only occurred occasionally. I prescribed a stimulating tonic and the patient appeared to improve for a few days, when he again commenced vomiting his breakfast, but during the remainder of the day was as well as in perfect health. This condition continued, though not so marked at times, until May 31st, when, while at play with other boys, he was suddenly seized with paralysis. I was sent for and found the patient in a comatose state, suffering from hemiplegia affecting the left side of the face and the right arm and leg. The usual treatment was adopted, and the patient recovered consciousness in a few hours, when I discovered that he had aphasia. I now shaved the head over the region of Broca's convolution and applied ice. Three or four days after he was able to flex the leg, and in a day or two more was able to say "Yes," "No," and two or three other words. I now tried faradism and he seemed