

it is the duty of the physician to take the measures best calculated to secure in the sick-room such an atmosphere as has been described; for in such cases the disease may at any moment manifest itself in the air-passages.

The support of life by stimulants and aliments—the feeding of the patient—is universally stated to be an essential element in the treatment of a case of diphtheria. Neither alimentation nor tracheotomy were *curative* agents in the case of E. G.; nor in any case of diphtheria can they be so regarded. Nevertheless, they were the principal means by which E. G. was saved from death; and by them, indeed, is recovery chiefly rendered possible in all such cases. Success in alimientation and success in tracheotomy are only means by which we gain time, by which we support life for a period, we hope, of sufficient duration to enable the disease to run its natural course, guided and aided by us whenever therapeutic opportunities arise.

It is necessary to insist emphatically on the fact, that, in the treatment of diphtheria, there is nothing approaching alimientation in importance. Unfortunately, however, this knowledge is too often of little importance to physicians and patients in bad cases, for in such there is almost no power of assimilation, and there is likewise extreme difficulty in inducing the patient to take food, or, having taken it, for him to retain it. Diphtheria-stricken patients generally loathe food, and children often struggle violently against attempts to feed them. When food is swallowed it is often rejected immediately. The difficulties in the way of feeding are always great, and sometimes they are insuperable; but, they must be resolutely faced. The alimientation of diphtheritic patients requires great skill, tact, and, I might almost say, inventive power on the part of the medical attendant, assisted by the co-operation of a well-disciplined, conscientious and obedient nurse. Each case has dietetic difficulties which are its own, and must be met from hour to hour as they arise.

While, therefore, it would be tedious to go into details, a short statement of the practical principles which require to be carried out may be briefly stated. Pounded raw beef in very small quantities, moistened with the juice of under-done roast beef, is generally the best basis of alimientation. It will seldom be expedient to administer more of this preparation than one teaspoonful at a time, and not nearly so much if there be nausea. With the raw beef and other aliments, a little *pepsina porci* ought to be given from time to time. I have seen the difficulties of alimientation much diminished by the judicious addition of pepsine to the food. Together with the raw beef and other aliments, we must give stimulants liberally: the exact quantity must be determined by the exigencies of each case, and will be subject to frequent varia-

tions. As a general rule, however, it is well to remember that brandy is well borne in diphtheria by patient of all ages. Its effects require to be carefully observed in young subjects; but it may be accepted as a fact, that children bear brandy, sherry, and all spirituous stimulants exceedingly well. Proofs of the accuracy of this statement constantly present themselves in practice, both in respect to diphtheria and other diseases.

"When," says Sir William Jenner, "the disease begins with marked feebleness of pulse, dusky redness of throat, and extreme sense of general weakness, wine in full quantities is required at an early period. From six to eight ounces of sherry or port for an adult, and as good a diet as the patient can take, must be given from the first. In the course of the disease much larger quantities of wine, or a proportionate quantity of brandy, may have to be given. Of course, the quantity of stimulant must be regulated by the age and habits of the patient, as well as by the character and the stage of the disease; but remember that, as a rule, young children bear and take with advantage, in diseases of depression, much larger quantities of stimulants than you would probably suppose. A child of three years of age, now under treatment for diphtheria at the Children's Hospital, is taking, with apparent advantage, from one to two drachms of brandy every hour, i.e., from three to five ounces of brandy in twenty-four hours."

When we have nausea and vomiting to contend with, we must chiefly trust to brandy and pounded raw beef (duly pepsinated) as the dietetic articles most fitted for keeping up life. When the stomach will bear more bulky food, it is always useful to give a variety of suitable aliments, among which may be mentioned milk, egg-flip, and panada. As soon as it can be borne, cod-liver oil ought to be given. It has a wonderful power in preventing and restoring the waste of tissues.

There is very little if any scope for the administration of medicines when a bad case of diphtheria is at its worst. Till the fury of the disease has spent itself, it is wise to give as little medicine as possible, and never to give any at all unless the indication be clear and positive. When there is nausea and vomiting we may harmlessly and hopefully give oxalate of cerium or creasote, but we must avoid, on account of its depressing influence on the heart, the other great remedy for irritability of the stomach—hydrocyanic acid. As soon as the patient can digest it, iron in some form ought to be given in very small doses. It may be very usefully combined with a syrup of the phosphate of lime. Ferruginous medicines are urgently demanded from the very dawn of convalescence by the anæmic aspect of the patients, while cod-liver oil and phosphate of lime are equally called for