

was slight swelling of the glands behind the jaw; the tonsil more swollen, and also the uvula, which was œdematous; the yellowish exudation continued as on the previous evening. On the 8th, the glands behind the jaw on the left side were very much swollen, and the left tonsil and uvula, more swollen than before, presented a marked diphtheritic membrane. This day an hæmorrhage occurred, and a sanious discharge from the nostrils; the pulse increased in frequency to 120, and the temperature rose to 102°. These symptoms continued for three days, the discharge from the throat being very offensive. Tr. fer. chl. pot. chl. and glycerine were given, and each morning ten grains of quin. sulph. On the 11th, the swelling of the tonsil and uvula was less, and the membrane had, in great part, separated; on the 12th, the membrane had disappeared, leaving the tonsils, pharynx, and uvula of a dark red colour, and not much swollen; the pulse 90 per min., temp. normal; the patient had become much reduced, the emaciation being marked. On the morning of the 13th my visit was postponed till mid-day. A little before I arrived the patient's condition seems to have changed very much for the worse; the parents stated that he felt a choking sensation when he attempted to swallow even liquids; a teaspoonful of water given was coughed up at once, mixed with bloody mucus. Turning the patient on his side, he swallowed with less difficulty, but only a part of a teaspoonful could be given without exciting a spasm of coughing; the temp. 98, pulse 45 per min., the respiration 18, the general surface cold, the throat of a dusky red colour. The urine had through the illness been passed in usual quantity; it was now examined, and found to contain albumen. The remainder of this and the two following days the condition continued similar. The emaciation became more marked; respiration 16-18 per min., pulse 45, temperature subnormal. Saturday about midnight the pulse was found increased in frequency, and became more rapid and feeble towards morning; he died about 11 a.m. the 16th.

Efforts were made during the illness to clear the throat with the syringe, using a solution of

salt, but with little avail, for the patient could not be prevailed upon by his parents to use local treatment, or take the medicines as directed. The quantity of nourishment taken in the form of milk and beef-tea was limited. Stimulants were ordered, but little taken. The patient was at times delirious, but generally spoke rationally in reply to questions, until within a few hours of his death.

These cases, so different in their form, the course of the disease, and the result, illustrate the different manner in which the diphtheritic disease in its action upon the system is modified by age and local conditions—the croupy form occurring in the younger, and without septic results, as he was placed as regards residence in a condition more favourable for resisting the constitutional effects of the disease; the other form, occurring in a young man whose days were spent in an in-door occupation, and who lived in a house where hygienic requirements were to a great extent neglected. The proper treatment for the septic form has an important relation to that for the croupy, for upon the efforts of local and general remedies to a great extent depends the question of the time at which an operation should be performed, for the relief of the condition which threatens to destroy life by apnoea (asphyxia). If it is possible by local means to modify to any great extent, and quickly, the disease in the throat and air passages, so much the longer may an operation be delayed, but if this can not be done, it seems to me that, when symptoms of laryngeal or tracheal diphtheria present, an early operation is demanded, while the importance of constitutional treatment is recognized. Many seem to think that the disease may be modified by the use of remedies applied locally, for on looking over cases reported, we notice constantly the belief that local applications are of primary importance. It is true the members of our profession are far from unanimous as regards the local applications that are thought most useful; sulphur, the sulphites, carbolic acid, chloral, tinct. of iron, salicylic acid, borax, oxalic acid, tinct. of iodine, nitrate of silver, benzoate of soda, creosote, lime water, phosphate of soda, and many other medicines, have had the credit of being spe-