

ent cotton around the end of a long pair of dressing forceps, gently wiping off the membrane. If this method does not succeed, it must be done with the forceps, the denuded surface being sprayed with the tincture of iron and bichloride mixture. The removal of membrane should be practised only in those cases where, by its rapid growth, it seriously interferes with respiration, or where a portion of membrane is detached, causing a flapping with inspiration or expiration, the greatest of care being necessary in order to avoid small portions of the membrane getting into the larynx, infecting that part also.

In Germany, Reunert claims to have had great success from the early removal of the membrane, and the application of the following solution:—

R—Hydrarg. bichlor., 1 part.
 Acid tartaric, 5 parts.
 Water, 1000 parts.

He repeats the operation every six hours, in stubborn cases, less frequently in milder ones. This may be comparatively an easy matter if the patient be an adult, but if a child, the opposite is the case, and is attended with some danger, as healthy parts of the pharynx and possibly the larynx, may be affected by transplanting the bacilli to these parts.

At the International Congress of Hygiene in London, in August, 1891, Mr. Turner reported success from the use of paraffin. He removes the membrane and applies paraffin to the denuded surface every hour. He says the throat gets well, usually, in one or two days.

By our constitutional treatment, the great aim is to counteract the poisonous and debilitating influences which the disease exerts. To accomplish this we resort to the free administration of tincture of iron, which has been rightly called our sheet anchor in the treatment of diphtheria. It should be given in moderately large and frequently administered doses, and largely diluted with water to prevent irritation of the stomach, and combined with chlorate of potash and bichloride of mercury. Iron has a decided influence over the nervous system through its tonic action to the muscular structures of the heart. Its action in increasing the red blood corpuscles is too well known for any comment. The chlorate of potash should be discontinued after forty-eight hours, on account of its injurious action on the

kidneys if pushed too far. For a child five years of age, I prescribe as follows:—

R—Tr. ferri mur., ʒ iv.
 Pot. chlor., ʒ j.
 Hydrarg. bichlor., gr. ¼.
 Glycerine, ʒ vj.
 Aqua dest. ad., ʒ iij.—M.

Sig.—ʒ j. in plenty of water every two hours.

When this mixture is taken I give the same, minus the potash. If the temperature is high, phenacetine or salol may be given, quinine having a tendency to cause vomiting. The patient's physical condition should be very closely watched, unfavorable symptoms being treated as they appear and the occasion requires. Stimulants should be administered from the very beginning, owing to the great liability to heart failure, the quantity given being governed by the action of the pulse. The nourishment should be of the most nutritious kind, solid food being avoided, except in mild cases, until the disappearance of the membrane. Milk is the chief article of diet and should be iced. It may be given alone, or with eggs beaten up in it. Beef tea and chicken broth may be given to relieve the monotony of the milk diet. Other useful adjuncts are: rice (well boiled, custards, sago and tapioca puddings, and plain ice-cream. It is absolutely essential that the patient be well nourished, consequently it is of great importance that the physician should see that the prescribed quantity is being taken, and that the stomach is doing its work. If the stomach becomes irritable, rejecting the food, we must peptonize the food, and if the stomach still refuses to do its work, feeding by enemata must be resorted to.

In laryngeal diphtheria our local treatment is limited to inhalation of steam, plain or medicated, turpentine and oil of eucalyptus being the best agents. There are many ways of accomplishing this, but the best, in the case of children, is to make a tent-like covering for the bed by extending the bedposts upwards and covering with sheets, leaving an opening about two feet wide at the head of the bed, the steam being introduced at the foot by means of a long tube from the generator (which any tinsmith can make), by fitting a pipe to the lid of a kettle or pail.

Much has been said about tracheotomy and intubation, as to which is preferable in some