

"Commencing by a redness of the pharynx more or less well marked, by swelling of the tonsils, more frequently of one only, a whitish circumscribed patch soon shows itself, formed at first by a layer resembling coagulated mucus, half-transparent, which thickens itself, widens, and very rapidly takes on a membraniform consistence. This exudation in the first moments of its formation is readily detached from the mucous membrane to which it only adheres by fine prolongations which penetrate into the muciparous follicles." (P. 315.)

The mucous membrane beneath the deposit is noted as usually sound, hardly presenting other alteration than slightly increased vascularity; ulceration of this structure is exceptional. After some hours, the pseudomembrane begins to increase, the tinge deepening to a yellowish white; it just covers one tonsil; then the uvula shares in the deposition; and later the other tonsil with the posterior wall of the pharynx becomes involved.

The lymphatic glands at the angle of the jaw are swollen from the commencement, and are therefore valuable as aid to the diagnosis. Fever, at first sufficiently marked, soon subsides. The fœtid odour from the mouth, and the greyish tint of the exudation, have led observers to the opinion that gangrene was present—hence various appellations expressing this belief. The professor in his wide experience has met with but three instances where actual gangrene existed.

The development of croup from exclusion of the disease to the larynx forms the most common ending of this form of the affection, as well in sporadic as in epidemic cases. M. Trousseau expresses a decided opinion that, in far the majority of cases of croup, the malady will be found on close inquiry and examination to have originated in the pharynx. It is specially mentioned, and the fact has, perhaps, met with too little attention when different plans of treatment have been compared, that "the difficulty of respiration is intermittent." This is a positive character of the affection—a part of its natural history, occurring whether the disease has been subjected to treatment or simply left to itself.

*Malignant Diphtheria.* In this form of the disease exudation-patches appear on one or other tonsil, differing usually in no respect from the false membrane of ordinary pharyngeal diphtheria; sometimes they may present special characters, may exhibit a yellowish or reddish tinge, while the tissues beneath are often cedematous and of a livid red colour.

There is early and often even excessive swelling of the glands about the jaw; this forms one of the most serious indications of the malignant character of the disease. Erysipelatous redness of the skin over the swollen parts is not unfrequently met with, giving the impression sometimes even that there must be deep-seated abscess.

There may be extension of the disease to the nares; and when this is the case, the result is almost always fatal.

M. Trousseau insists strongly on the blood-poisoning of this variety. Life is destroyed, not by any local manifestations, but by the effect on the system as a whole. The disease acts as a septic poison. In proof of these tendencies are noted the alteration in the physical characters of the circulating fluid, the extreme proneness to hæmorrhages, waxy pallor of the skin (by no means, however, dependent on mere loss of blood,) and the ultimate termination of the scene by syncope.

A section is devoted to the different situations which may be occupied by the false membrane; and the caution is strongly given by the author, that under no circumstances should the external cuticle be destroyed or removed. If this be done, a fresh nidus is at once afforded to the disease.

Whether, however, the simple or the malignant form be present, the essentials of the disease are the same; the one may generate the other, and the most simple case may give rise to another of the most malignant type.

M. Trousseau has no doubt whatever as to the contagious character of the affection.