

As we know, the effects of the disease on the system are various; but the more important are those summed up by Jaccoud, viz., changes in, (1), calorification; (2), nutrition; (3), circulation; (4), innervation.

*Changes of Calorification.*—It is at the onset and during the first few days of the disease that changes in calorification or temperature are usually most marked. As it is during this acute inflammatory stage that the formation of membrane is greatest, I consider it most important that we should reduce temperature as early and to an extent as great as possible compatible with safety. The drugs jaborandi and aconite in this sthenic stage may be used as indicated for twenty-four hours with perfect safety. Their combined action effects several useful purposes. They lower temperature, promote free secretion from the inflamed mucous glands, reducing thereby the mucous congestion, cause the dry, hot skin to become moist and healthy, and lastly, in a marked degree, allay, especially the aconite, the congestion and irritability of the stomach, and so enable us, at an early date, to utilize our remedies directed towards the second all-important point of supplying nutrition. It is, indeed, most gratifying to watch the effects in a few hours of the exhibition of these medicaments. The restless, fevered child, unable to take even milk without vomiting, often becomes soothed, cool, and comfortable, drops off into a restful sleep, and wakes more or less refreshed with a system prepared for heavy doses of iron and the frequent administration of milk. At times an early dose of castor-oil or calomel may with advantage be given as soon as the stomach is settled. Should the pulse remain good and fever continue high, I have frequently continued the antipyretic in lessened doses during the first forty-eight hours.

Whatever may be the advantages of quinine or soda salicylate during hyperpyrexia at a later stage, the irritability of the stomach, as well as their disagreeable taste, make both objectionable in the case of children at this stage of the disease.

*Changes of Nutrition.*—As already stated, it is of prime importance for the successful treatment of diphtheria, that sufficient nourishment, to in some degree counteract the rapidly-wasting character of the disease, be administered almost from the beginning. In several cases which I have seen during the past year, which have terminated fatally,

anorexia, extreme irritability of the stomach, harsh skin, and failing circulation with cold extremities, have been characteristic, and I cannot remember a single case in my experience, in which this stage has been reached, that has rallied. They have not died from local trouble, but simply from the destructive effects of the intense toxæmia.

I have already said that the whole treatment is of a most exacting and troublesome character, but if we desire success, we must labor for it. In the matter of nourishment, I lay down the strictest rules from the beginning, stating that from one to two quarts of milk must be given every twenty-four hours. Should I find that the child dislikes the milk and that the nurse gives way to its fancy, I make it an invariable rule during my two, usually, daily visits, to see that the child gets at least two good drinks; and when the nurse finds that the child can take it without vomiting, and when the child learns that it must take it, success in this direction will usually quickly follow. Should the pulse reach 120° I make a practice of administering whiskey, almost from the first, increasing it gradually, giving at times ʒss. every three hours. My usual directions are ʒii. every two hours, in a little water, alternated with milk or milk and limewater in sufficient amounts. After having been once regulated, I have found the bowels to give but little trouble.

Regarding the iron tonic, it is begun as soon as the stomach will retain it, and is pushed with unceasing care. It is almost invariably well borne.

*Changes of Circulation.*—Little more than has been said under the two preceding heads need be added on this point. In respect to one point, however, in relation to the circulation, I must wholly differ, as already indicated, from the directions given by two eminent authorities, Dr. J. R. Cormack and Dr. Morell McKenzie. By both it is directed that the temperature about the patient be kept at 60°–65°. Now, in my opinion, it is of the greatest importance that the temperature be kept nearer 80° F. than 60° F., since free peripheral circulation is a *sine quâ non* to the lessening of internal congestions. This is done by the coal-oil stove and the tent in the manner which I have already indicated. The reasons why such peripheral circulation should be kept free, are several. Of these, we may state:—

1st. That to keep the head and throat at 60° F., while the rest of the body covered with bed-