

referred to. I suppose all are agreed that to remove membrane and leave a raw bleeding surface is not wise; and that it is only over parts where the membrane can be stripped without violence, and also around spots where the membrane is closely adherent, that one ought to apply anything. Siegle's inhaler, used with simple steam or with weak carbolic lotion, I am sure, is a comfort; and creasote inhalations (about twenty drops to the pint) I have seen, in one case at least, followed by the most satisfactory result."

Another remedy which has found considerable favour is lactic acid. Dr. PROSSER JAMES tells us that he has "considerable confidence in topical remedies, though he holds that general treatments should never be neglected. He finds local applications hasten the separation of false membrane, favourably influence the mucous surface, and may serve as antiseptics and disinfectants. To meet the first two indications, he still relies on the use of steam, as originally recommended in the first edition of his *Sore-Throat* twenty years ago, and as lately adopted by several German authorities."

"At an early stage, the frequent inhalation of hot vapour should be employed; and, if the membrane increase in quantity, the steam should be used more frequently, until it is almost constantly breathed. For this purpose, it may be necessary to place the patient in a croup-tent: but in such cases it is most necessary to see that fresh air, as well as vapour, finds free access. If the vapour be produced by the moistening of quicklime, it is thought that particles of the lime may be carried up with the steam and produce a favourable effect, for it is found that lime-water will dissolve many false membranes. As a solvent, however, Dr. Prosser James has most confidence in lactic acid, which, both in the form of spray and freely applied with the brush, he has seen rapidly followed by excellent results. The spray of lactic acid, he thinks, sometimes fails because the solution used is too weak, or is not applied often enough. In severe diphtheria, with much false membrane, it is idle to expect great effects from very weak applications. If the lactic acid is to act as a solvent, it must be used freely; and this treatment may well displace the use of mineral acids

and caustics, which were once so largely used. The steam may be made antiseptic by carbolic acid being diffused through it. Other antiseptics and disinfectants may be used conjointly with the steam; but they are usually more serviceable a little later, when the membrane has more or less separated. Then, too, those remedies which tend to restore the mucous membrane come into play, and should be diligently employed.

"When the nasal passages are involved, they should be carefully washed out with a weak antiseptic solution. A lotion of carbolic acid, or a sulphocarbonate, salicylic acid, or a salicylate, may be used with a douche or a syringe every hour, or even oftener, if the discharge be considerable. This treatment should be commenced as soon as ever the nose becomes affected, and diligently persevered in. If the lotion be weak, it can scarcely be used too often. If the passages become clogged, it will be necessary to clear them with a weak alkaline douche, and then to return to the antiseptic lotion. At a late stage, it may be desirable to employ an astringent lotion. If so, it should be weak. As an alternative lotion for the nose, Dr. Prosser James recommends a solution of bisulphate of quinine—a very soluble salt—which he has used as a local application where the addition of acid to the ordinary sulphate, to effect solution, was undesirable."

Dr. Richard Neale also says: "I find lactic acid, applied with a brush, unfailing in its speedy action, removing the false membrane, and preventing its re-formation—a result to which I attach very great importance in the treatment of such cases."

From time to time, evidence has been brought forward which tends to show that diphtheria has some connection with fungoid organisms. The pages of this journal contained, on March 5th of this year (p. 356), a short abstract of the interesting experiments of Mr. Talamon in Paris; and again, only a fortnight ago, an interesting paper by Dr. Michael Taylor of Penrith. Dr. Burney Yeo refers to this point in the etiology of the disease. He says:

"I am disposed to set much store by the local application of antiseptic or mild caustic