After several applications of trypsin within the hour, a still futher attack may be made upon the local disease. Having used more or less freely most of the germicides, astringents and antiseptics commended in the treatment of diphtheria, I have abandoned all else for a solution of equal parts of the tincture of the chloride of iron and glycerine. I have cause to consider this, when well applied over the entire extent of the diseased surface, an almost complete bar to the progress and absorption of the diphtheritic virus.

1. If the potency of the disease lies in the rapid multiplication of bacteria, so strong a chlorine solution is certainly indicated.

2. If absorption takes place through the abraded surfaces and "mouths of lymphatics open," as stated by Oertel, we would, from *a priori* reasoning, expect some good from the local use of iron, while the glycerine may be something more than a mere vehicle, in that it may by affinity relieve to some extent the turgid capillaries of the mucous membrane. The application should be made frequently.

Let me say, in urging the efficacy of this agent, that for two years I have not seen a case of diphtheria die where the whole of the false membrane could be seen and repeatedly covered with this solution, and where appropriate general treatment was given. Thrice within the last week, and many times during the past year, I have seen the characteristic membrane shrivel up and become detached under the influence of the iron and glycerine.

When the local attack is out of reach of the direct application by means of the brush, or better still, the cotton covered probe, the case is very different.

When the invasion is in the naso-pharynx, or in the larynx, the result may well be dreaded. Even in such instances I believe the best procedure is to apply the iron locally by spray, and where possible by the cotton covered probe.

The covering in of the diphtheritic patch with tolu varnish, as recommended by Mackenzie, may follow the thorough use of the iron solution, and is doubtess protective.

Not only is local treatment important, but it is important to institute it early. The physician should be called at once in every case where there is a doubt. Parents should feel that they are responsible for delay, and that delay is exceedingly dangerous. Many cases, that during the first twenty-four hours are easy to treat and curable, are a little later beyond the reach of the most skilful.

A few words as to general treatment. Here, too, I have no sympathy with halfway measures. First of all, in every case, I nearly always counsel the administration of enough of calomel and soda combined to thoroughly evacuate the alimentary tract. It empties the canal of any accumulated material, it stimulates important secretions and with Ritter, though not to the extent to which he advocates it, I believe it has a favorable influence upon the general condition. At least it clears the decks for action. As soon as the bowels of the child have been well moved, and sometimes not waiting for that, the internal use of the iron and glycerine solution (the same as that used in the throat) may be begun; for we need not fear any chemical reaction. To show that others are falling back upon this well-known agent, let me quote from an editorial in a recent issue of the *New England Medical Monthly:* "It is interesting and somewhat gratifying to note that after each excursion into the domain of experimental medicine, the profession invariably returns to the older and more effective method of treating diphtheria, which consists of tonic doses of the tincture of iron and a system of extreme nourishment."

To anticipate and antagonize general invasion, the general as well as the local treatment should be instituted early. Where the symptoms demand I prescribe two drops of the iron and glycerine solution for each year of the child's age, in a little water every two hours, and midway between each dose the diphtheritic patch is to be touched or sprayed with the solution. Thus there is an opportunity for the ferric solution to be brought in contact every hour with so much of the diseased membrane as is in the pharynx.

I have not discussed much of the poly-treatment of diphtheria as practised to-day—nor have I time to outline the emergencies which may arise, as I had thought of doing. My object has been to propose a plain and direct method of treatment which any one may use and which is not an experiment.

Many other remedies are often to be added. Pilocarpine, when the skin is dry and there is spasmodic laryngeal contraction; quinine, when the fever is excessive; steam from slacking lime, when respiration is labored and the respiratory tract dry; and tracheotomy or intubation when the larynx is greatly obstructed.

Let me, in conclusion, suggest that the physician demand of the people among whom he practices that they call him at once when suspicious symptoms are observed, and that he answer quickly, act promptly, and see that his instructions are implicitly obeyed. To treat diphtheria is to fight a battle—there should be no delays, surprises, nor compromises.—*Medical Digest.*

## HAMAMELIS IN THE TREATMENT OF DISEASES OF THE SKIN.

Witch-hazel has long been recognized as a valuable therapeutic agent, both for internal and external use. For years it has been placed upon the market by venders under various names, and highly extolled for its medicinal action. In very many diseases it has fulfilled all the claims which