

points separately. The blood is the liquid flesh, so to speak, in which all recuperative power resides. The healthier the condition in which it can be maintained, the surer the prospect of recovery from the disease. Hence efforts should be made to regulate all contaminating influences that are within our control. We should provide for systematic disinfection of the sick-room in particular, and for disinfection of the whole house likewise. This can be done by the free use of sprays of carbolic acid or of sulphurous acid. Solutions of sulphate of iron or some other disinfectant should be kept in all the vessels to be brought into the sick room to receive the discharges, soiled clothing, refuse food, and slops of the patient. In this way we guard against additional contamination of the poisoned blood from the emanations and discharges of the patient himself. At the same time, too, and what is of the utmost importance prophylactically, the attendants of the patient and the remaining inmates of the household are protected in part from direct contagion, and from impairment of reserve vigor, which might render them particularly liable to that contagion.

As to the patient himself, assiduous cleansings of mouth, throat, and nasal passages, should they become fouled from retained secretions, with ample supplies of digestible food, and the administration of a tonic remedy, than which none, perhaps, is more serviceable than tincture of the chloride of iron, will be all that will be required anterior to the appearance of the local morbid product; unless there should be such indication of profound septicæmia or collapse, which would call for large doses of quinia, or alcoholic stimulation, respectively.

And right here, gentlemen, let me direct your attention to a significant clinical fact, the truth of which you can verify by your own studies and observation. It is this: Chlorine compounds, whether administered internally or applied topically, are more frequently efficacious in diphtheria than any other remedies. Read the records of writers and you will see extolled tincture of the chloride of iron, which I place for you in the first rank, chlorate of potassium, chloride of ammonium, chloride of mercury, chlorine mixture, hydrochloric and nitro-hydrochloric acids. Other remedies, similarly extolled, have this in common with the chlorides, that they have disinfectant properties. This adds to the list sulphurous acid, sulphites and hyposulphites, carbolic acid, benzoate of sodium, and other drugs of similar qualities. But it is not my intention to enumerate the various modes of treatment lauded in diphtheria. The vaunted success in many instances has been due to the misapprehension that prevalence of common membranous sore throat was prevalence of diphtheria. It will suffice to fix your attention upon those remedies which, in my judgment, are most entitled to confidence. We return, then, to the tincture of the chloride of iron. It must be administered at frequent intervals and in large doses. The object is

to make as profound a beneficial effect on the health of the blood as practicable. Hence we give from five to twenty or even thirty drops according to the age and vigor of the patient, *every second hour, hour, or half hour*. It may be given in glycerine and water, or in diluted syrup of lemon, or in any pleasant way with which you may become acquainted. It is quite probable that the alcohol in this preparation has some beneficial influence constitutionally; for, as will be stated to you presently, alcohol is of the utmost efficacy once the constitutional vigor begins to manifest rapid or steady deterioration. The frequent deglutition of this remedy, in addition, brings it in frequent contact with morbid products accumulating upon the deglutitive tract; and exerts a desirable physical impression upon those products, akin to that specially sought for, when, as I shall mention shortly, it is resorted to as one of our most trustworthy agents in topical medication.

Chlorate of potassium is extensively administered as a constitutional remedy in diphtheria; frequently in the form of the *chlorine mixture*, which is prepared with an equal number of grains of the chlorate and of drops of hydrochloric acid in plain or aromatic water, infusion of quassia, and so on. The dose of the chlorate varies from two to fifteen grains, according to the age of the patient, every third or second hour, or more or less frequently, as may be. It is quite common to combine this remedy with the tincture of the chloride of iron, and in the same mixture. A better plan is to have the two drugs prepared separately, and then combine the mixture, at the bedside, so that the quantity of one drug may be varied, if required, without affecting the dose of the other. Let me caution you about an immoderate use of chlorate of potassium. Look out for evidence of renal irritation, and suspend its administration until such untoward symptoms subside. In view of the normal tendency to albuminuria and to renal disintegration in diphtheria, it is important that no abnormal load be laid upon the kidneys, whose excretory offices are fully taxed as active participants in the elimination of the poison from the system. The local action of the chlorate of potassium on the mouth and throat, and its excretion through the salivary and pharyngeal mucous glands, enhance its efficacy as an internal remedy in diphtheria. It may be given in lozenges or in compressed pills, and allowed to dissolve slowly in the mouth, so as to prolong its contact with the diseased surfaces.

Quinia is a remedy much employed in the treatment of diphtheria; in part as a tonic, in part as an apyretic, in part as a neurotic, and in part as an antiseptic. As it is desirable to combine important remedies when practicable, to avoid too frequent dosing, and as chlorine compounds seem to be especially serviceable in diphtheria, in fact in affections of the respiratory organs generally, I prefer the hydrochlorate of quinia to the sulphate.