ended fatally. The disease presented itself in two forms: the catarrhal and the membranous, though a tendency was observed for the former to pass into the latter, especially in the late stages of the disease. In the catarrhal type, I contented myself with syringing the nasal passages, and swabbing the fauces with a strong solution of chlorinated soda, repeated very frequently, every hour or two. In the membranous phase, I adopted the local application of nitrate of silver, almost invariably in the solid form. This I use very freely, stirring it into, and, if possible, under the exuded mass, completely breaking up the latter, so as to reach the diseased surface beneath. In very bad cases, I have made this application as often as three times in one day, so as to keep pace with the renewal and extension of the patches. In addition, I give repeated mouth and nose washes of chlorine or permanganate, in order at once to disinfect and get rid of *débris*. The form of query does not embrace internal treatment; but, as I always push perchloride of iron to the limit of toleration, the passage of it over the diseased mucous tract must, in some degree, be regarded as a topical application. Up to the present time, I have met with no treatment that offers greater advantages than the above, and its severity may be mitigated by the concomitant local application of morphia in powder, by means of the insufflator; and I confess, at the risk of appearing obsolete, to a preference for that method which has so often stood me in good stead."

Professor McCall Anderson, on the other hand writes to us, that "he is entirely opposed to the use of caustics and other strong applications in cases of diphtheria, as being injurious as well as increasing the distress of the patient." But, he adds, that "he has great faith in the local application of carbolic acid, of the strength of two or three grains to the ounce of water, and to which one drachm of glycerine has been added. This may be used in the shape of spray; or a large mouthful may be taken frequently, and allowed to lie for a short time at the back of the throat without gargling."

Dr. Robert Cory also expresses a similar opinion. "I believe," he says, "the use of topical applications is advantageous in diphtheria, so long as they are of such a character that they do not cause destruction or inflammation of tissue; that the best applications to use are either sulphurous acid of *P. B.* strength, or carbolic acid, one part of acid to sixty parts of water; or permanganate of potass, one grain to an ounce of water; or peroxide of hydrogen (ten volumes strength); and that the best method of applying one or other of these solutions is in spray."

Dr. Alder Smith (of Christ's Hospital) also writes thus: "I most certainly believe in the use of topical remedies in diphtheria. I consider carbolic acid to be the best application, and would advise its use in the form of a dilute steam-spray. If the patient were old enough, I would also use to the *patches* the following solution:—℞. Glycer. acid. carbol., acidi sulphurosi, liq. ferri perchlor. fort., āā, partes æquales. But I think the repeated use of a dilute carbolic acid spray to be most important.

Dr. Thomas Barlow coincides very much with these opinions, and suggests a mode of dealing with the disease when it attacks the nasal passages—a complication usually regarded as very serious. "There is," he says, "one group of cases of pharyngeal diphtheria where a very simple topical remedy is, I am sure, advantageous; those, namely, where there is an acrid discharge from the nostrils, and a presumption that there are shreds of tenacious mucus and half-membranous stuff on the posterior nares and the back of the palate. In these cases, so simple a measure as twice a day flushing round the posterior nares with plain water through the nostrils—the mouth being kept open—gives sometimes great comfort in breathing and swallowing, and, as I believe, lessens the risks of septicæmia. The quantity of membranous plugs which can be removed in this way, without any risk of leaving a bleeding surface, is sometimes considerable. In regard to applications to the tonsils and soft palate, glycerine of carbolic acid has seemed to me the best thing to use. It does not make a superficial white slough like hydrochloric acid and nitrate of silver; and it is not so painful, and it can be applied daily. Occasionally, it is true, membrane re-forms over the area where the carbolic has been applied; but I have seen the same thing occur with the caustics above