

tinue general treatment, but omit applications of papoid. Mop the throat and syringe the nostrils every four hours with the carbolic gargle. From this date his convalescence was slow but steady. There was marked prostration for about a week after the disappearance of the membrane from the throat, and for four or five weeks after leaving his bed, he could not read without much pain in his eyes, owing to a slight impairment of accommodation, due to partial paralysis of the ciliary muscles. There was also a lax, flabby uvula and veil of the palate, which gave him a nasal voice for a few weeks. At this date, all these have disappeared, and he is in perfect health.

I have reported this case in full, doubtless entering into needless detail, from its beginning to the entire disappearance of all false membrane, it being the first of a series of six cases, five of which occurred in one family, the sixth in a household remote from the others; none of which differed, however, one from the other, except in degree of severity of the disease, and a tendency in one case for relapses, or re-formation of false membrane after its disappearance for several days. In regard to the remaining five, I shall confine myself to the throat symptoms only, as the object of this paper is to call your attention to papoid as a solvent and disinfectant of false membrane, and not to the treatment of diphtheria in general, its symptoms, etiology, or pathology.

December 1st. The grandmother of M. P., aged 76, was taken with pharyngeal diphtheria. The tonsils and posterior pharynx showed large patches of false membrane. Again I waited for twenty-four hours before applying the papoid solution to the throat, that I might be more certain of its action, confining my treatment to iron and potash internally, and the aforesaid gargle locally, and such constitutional and stimulating measures as the age and feeble condition of the patient demanded. On the morning of December 2nd, the membrane had increased in extent and thickness. I ordered the papoid solution, five per cent., applied every hour, night and day, every half-hour during day if necessary. December 5th. Throat free from membrane; convalescence unbroken by any complication or sequelæ. 19th. The mother ill with pharyngeal diphtheria; tonsils, uvula, and posterior pharynx full of false membrane, glandular inflammation. Papoid, in addition to same treatment, every hour or half-hour, night and day.

22nd. Throat free from false membrane; papoid omitted from treatment. 23rd. Reappearance of membrane on tonsils and uvula, rise of temperature; return to papoid applications every hour. 24th. Membrane disappearing, temperature normal. 25th. Membrane gone. 28th. Membrane reappeared on pharynx and tonsils, small patches only; papoid applied every hour. 30th. Throat clear, convalescence slow but complete.

Mattie, the sister, aged 13 years, was taken on December 22nd. Active inflammatory condition, temperature 105°; fauces full of false membrane; papoid applications every hour or half-hour, in addition to specified general and local treatment. In forty-eight hours, the temperature fell to normal, and the throat was free from membrane; convalescence rapid.

Mary, the other sister, aged between 14 and 15, was taken ill on December 27th. Active inflammatory symptoms, glandular inflammation decided. Membrane on tonsils, back of pharynx, uvula, and pillars of fauces. Same treatment, papoid applied every hour or half-hour. January 2nd. Throat clear of membrane, temperature normal, all other symptoms most favorable; papoid omitted. 4th. Reappearance of false membrane on tonsils; return to papoid. In twelve hours throat clean, convalescence unbroken.

December 22nd. I saw Harry E., aged 4 years, threatening convulsions, high temperature, pharyngeal diphtheria, membranous deposit considerable. Potash and iron treatment, papoid every half-hour, every hour during night. December 23rd. Difficulty of breathing, owing to accumulation of mucus in throat, during night alarming. 25th. Very little membrane to be seen, only a little behind one tonsil. Sitting up in bed playing with Christmas toys; temperature normal. 26th. Membrane gone, convalescence slow.

Whilst these cases are too few in number to establish beyond question the value of any plan of treatment, and granted that they showed no malignancy, or great degree of severity beyond their primary stages, the unvarying results of the application of papoid, at very frequent intervals, justifies me in the following conclusions: That papoid, applied to diphtheritic membranes, is a safe and reliable solvent; that it possesses antiseptic properties; that the temperature falls rapidly with the disappearance of the membrane, which, according to Jacobi, proves the rapid absorption and elimination of the diphtheritic poison; that the phenomena of secondary blood poisoning were absent, owing to the rapid solution of the membrane, supplanting the processes of suppuration by which it is removed if left to itself. That the period of incubation either varied from eight days to thirty-five days, or the poison was conveyed to the two children, who had no communication whatever with the sick, by the clothing of those who did the nursing. That age is not exempt; that there is a marked family susceptibility to the poison of diphtheria, as evidenced by the fact that, whilst a friend who assisted in nursing, and the servant, a colored woman, who was in the sick-room a dozen times a day, escaped; every member of the family, from the youngest child to the grandmother, contracted the disease.—J. R. Bromwell, M.D., in *Jour. of Obstetrics*.