

was at once done, and every precaution possible, under existing circumstances, was taken to guard against the spread of the disease, the mother and grandmother waiting upon the patient.

Concentrated liquid nourishment was ordered to be given every three hours, and one or two table-spoonfuls of whiskey, depending upon the frequency of the pulse, every three hours; the time-honored tincture of the chloride of iron and chlorate of potash treatment every three hours; between the hours, for the administration of the medicine, the throat to be gargled and mopped with the following: Carbolic acid, gtt. xxx.; chlorate of potash, ℥ij.; glycerin, ℥ij.; and lime water, ℥iv. The mop used to be made by twisting a piece of absorbent cotton around a pliable stick or applicator. This mop in every case to be burned as soon as used, and fresh ones to be made for future use, small pieces of cotton cloth or rag to be used instead of handkerchiefs; these also burned after use; commercial carbolic acid to be constantly kept in all vessels used by patient to spit in.

November 23rd.—He had passed a very restless night, high fever, and active delirium up to early morning hours, after which he slept quietly at intervals only. Temperature 104.5°; pulse still feeble, but not so frequent (130); respirations easy and regular; during night had a normal movement from the bowels. Kidneys acting normally; an increase in glandular inflammation, extending to deep cervical glands. More tenderness and enlargement than on the day before. Had there been any doubt as to the nature of the disease, the present condition of the patient would have removed it. During the past twenty-four hours the membrane had rapidly increased and extended, small patches had coalesced, forming large masses. The tonsils were almost entirely covered, whilst here and there, flecked over the back of the pharynx, uvula, and pillars of the fauces were patches of membrane of varying size and thickness. That upon the tonsils was quite thick, and of a dirty, ash-gray color. The later formations, composed of but single layers of lymph, were, in some places, thin, showing the subjacent tissues beneath them, in others, approaching the leathery appearance of that upon the tonsils. Notwithstanding the regular administration of the medicine, and use of mop and gargle as ordered, the breath was very offensive, and fetid, and he was vainly trying to hawk and spit up the viscid and tenacious mucus which the highly inflamed mucous membrane was rapidly throwing off. The thin, watery discharge from the nostrils indicated that the disease had invaded the nose.

In addition to the treatment of the day before, I ordered the nostrils sprayed, or syringed, every two or three hours with a warm dilution of the carbolic gargle. A five-per-cent. solution of papoid, in equal parts of Price's glycerin and distilled

water, to be applied to the throat by means of a mop of absorbent cotton, every hour, if necessary, every half-hour. Every particle of membrane in sight or reach to be slowly and carefully pencilled or swabbed with this preparation, the mop to be fully saturated with it, so as to carry an ample supply into the pharynx, to insure that all parts of the throat should be reached, this to be done night and day; if necessary, to combat exhaustion, the dose of whiskey to be increased and given at shorter intervals.

November 24th.—Considering the frequent interruptions, he passed a tolerably good night, said his throat felt better. His temperature had fallen to 101°, pulse to 110, gaining in strength as it diminished in frequency. The glandular inflammation was diminishing, there was less tenderness and hardness. The most marked change was to be seen in the membranous formation in the throat; some patches had entirely disappeared, others considerably thinned, soft pultaceous masses come away upon the mop. In using some force in swabbing the throat myself, the mop was tinged with blood, and on examining the throat afterwards, one or two bleeding points could be seen where the membrane had been torn off. Very little fetor, and the secretion of mucus so far diminished as to give very little trouble. I ordered the treatment continued. Nourishment and whiskey, which he rebelled against, to be regularly administered.

November 25th.—A very marked improvement, his temperature was normal, only a few patches of thin, softened, partly dissolved membrane to be seen, and these in localities hard to reach with mop, extending from behind the swollen tonsils, and hanging from behind the veil of the palate. I carefully and slowly applied the papoid solution to every available part of the throat, and ordered it continued as before, allowing a little more time for sleep during the night, provided there was no extension or increase in the membrane.

November 26th.—Normal temperature, glandular inflammation rapidly disappearing. Throat clear of membrane, large plugs or masses had been discharged from posterior nares after syringing, and the nasal respiration was quite free; some catarrhal discharge. There was no perceptible fetor.

The interval between the doses of the iron mixture lengthened to four hours, and the papoid solution to be alternated with it every four hours. Carbolic solution to be used as gargle and mouth wash *ad libitum*. Nose to be syringed every four hours.

November 27th.—Favorable symptoms continuing; passed a good night, appetite good, very slight catarrhal discharge from nostrils, no false membranous formation in the throat. Tonsils and pharynx still inflamed, and showing considerable loss of substance from ulceration; irregular, sharply-defined depressions on both tonsils. Con-