

and in many cases being possible only by force and with a renewed struggle. What more striking illustration of the danger of intrusting such delicate operations to average parents and nurses could possibly be imagined than the instances so graphically related by Dr. Jacobi of the performances of some "trained nurses?"

It must be admitted that, theoretically, the frequency required in the method described by Dr. Jacobi is apparently in more logical agreement with the principles of local treatment, which require frequent medication and spraying of the throat, but it should be remembered that this medication and spraying do not or should not, cause local irritation or undue fatigue, either of which would be a contra-indication to them. Moreover it may be added that two or three times a day is the limit of frequency, beyond which the washing out of an empyemic cavity or a septic uterus is not usually found useful, and while the analogy between the two is not perfect it may yet be sufficient to be suggestive. But the real question is, which of the two methods is the more efficient in accomplishing the object for which it is employed?—and this can, of course, be answered only by experience. My own experience I have stated, but my present object is far from dogmatic assertion, and still further from controversy, but is to place both methods clearly and fairly before the profession, so that each may be tested on its merits, and neither suffer discredit from any faults or failures of the other. Dr. Jacobi, who agrees with me as to the importance of details in the treatment of diphtheria, will, I am certain, concur with me in this wish.

The device mentioned by Dr. Jacobi, of protecting the tip of the syringe with a rubber mounting, is an excellent one, and so is that of drawing a short bit of small soft rubber tubing over the tip of a syringe, which was first mentioned by Dr. J. H. Douglas in the discussion of my paper in 1880, and again referred to by Dr. Delavan in this discussion; but any tip whatever may cause irritation and epistaxis in awkward hands, and even in expert ones, if the sudden movements of a young patient's head are not properly restrained.

The importance of the method which I have described, of holding a young child's head for nasal syringing, may be better enforced by a single illustrative case than by a great deal of argument. I was recently called in daily consultation in a case of nasal diphtheria, by a physician whose combat and muscular frame leaves no room to doubt that he is one of the strongest men in the profession in this city. The patient was a babe four months old. On the second day it was decided to syringe the nose, the syringing to be done by me. The babe was accordingly seated across its nurse's lap, its hands secured by her, and the basin in place. To show the doctor my way of holding a child's head, I stood behind it, and, leaning forward, placed my breast against

it, holding it with a hand on both side, saying, You "see in that way the head is held as firmly as in a vise." The doctor then took his place behind the patient, and, standing erect, held the head between his hands, and with the smile of conscious strength said, "That head is in a vise." I accordingly placed the syringe in position for injection, not actually touching the mucous membrane; but at the first entrance of the fluid into the nostril, the babe made a sudden downward movement of its head, in spite of the doctor's hand, sufficient to cause, from contract with the smooth tip of the syringe, a very slight hemorrhage. After that this exceptionally strong doctor, in holding that four-months-old baby, did not scorn to bend forward and place himself in the position which experience long ago taught me is necessary for really holding a child's head motionless.

Dr. Winters very truly stated that tact is of great importance in such procedures as nasal syringing; but the kind of tact which is most valuable is that which thoroughly accomplishes necessary objects with the least wear and tear to the patient.

The treatment of nasal diphtheria, by means of any medicament applied by a medicine-dropper, as recommended by Dr. J. Lewis Smith, I cannot but regard as an error in the direction of dangerous inefficiency. The object of local treatment in diphtheria was well summed up by Dr. Loomis in the words, "cleanliness and disinfection," and these in this relation, as elsewhere, are usually attainable only by thorough, well-directed measures.

That spraying is a valuable method of cleansing and medicating the nasal passages in the treatment of catarrh is well known, and that it may sometimes be so in that of diphtheria in such expert hands as those of Drs. Bosworth and Delavan cannot be doubted; but the question remains, can any method of cleansing them be in general at once as thorough and as unirritating and as well adapted to cause dilution and removal of poison and transudative interchange through diphtheritic membrane *in situ* as the flowing through them of a stream of antiseptic fluid from a syringe or douche? That these objects cannot commonly be effected with the ordinary throat-atomizer I am positive, as I have seen too many melancholy instances of fatal toxæmia in nasal diphtheria, the result of valuable time having been lost in relying on this inefficient substitute for syringing. It may be added that by no atomizer whatever can spray be made to enter one nostril and come out of the other as spray.

Finally, on the very interesting case related by Dr. William H. Thomson, which is typical of an important class, I will make the following remarks: Can Dr. Thomson assert that at the time of the first chill there was not the commencement of a local diphtheritic process in the posterior nares—or, possibly, in the trachea? It will, of course, be replied that there was no evidence of that condition. It is astonishing how little evidence is sometimes manifested of the presence of con-