

and were more prone than others to die from paralysis.

During an epidemic, cleansing and antiseptic, but unirritating, sprays should be used to nose and throat frequently enough to keep it clean and prevent mucus decomposing in the post-nasal space.

The teeth, mouth and gums should be washed frequently, and especially after food. Cases are on record where patients under treatment of this kind have escaped infection, although equally exposed with others of stronger constitution who contracted the disease, but who were without the protecting influence of the spray and wash.

It is important to not use too irritant fumes or sprays, as the production of irritation may more than counterbalance the germicidal effect of the treatment.

The general condition should at the same time be attended to, and all the excretory organs kept in good condition so that the natural powers of the system for throwing off morbid matters may be at their best.

The sanitary condition of the dwelling should be attended to, and all possible culture-beds for germs removed.

In the country, one fruitful source of disease during the winter months is the family swill-barrel, which, to keep from freezing, is frequently kept in the back kitchen.

In one family I attended last winter, the first patient had the day before been running through the snow, got her feet and legs wet and tired herself out. She had fine dots on the tonsils, resembling follicular tonsillitis, but as they did not readily rub off the case was set down as diphtheria.

There was no known source for the disease. The girl, aged 14, had not been from home, and in fact there had been no cases of diphtheria in the neighbourhood. It proved to be genuine diphtheria, and went through the family. After this girl was better about a month she was down cellar one day sorting onions, and five or six days after this she was taken with well-marked scarlet fever, and this without there being any fever in the neighbourhood and the house still isolated for the diphtheria. Next day I noticed the family swill-barrel in the back kitchen and ordered its removal. I then discovered it had only been placed there that

day, but had been kept down cellar all winter. I had trusted to the statement of the family that the cellar was large, clean and airy, and had not made a personal inspection. If this swill-barrel was not the original source of the trouble, it at least sent its emanations through every part of the house, and was a material factor in aiding the growth and development of the diphtheria germs.

If it be true that the Klebs Loeffler bacillus is found in a non-virulent form and free in nature, may this decomposing swill not have raised the germ to the necessary degree of virulence to produce the disease?

Another matter of prophylaxis is isolation. In cities the diseased members of a family are removed to an hospital, but in the country there is usually no such facility for isolation. We send the healthy children to friends or neighbours, but as they have been exposed there is the danger of them spreading the disease.

Again, cases often occur where there are no friends to take them, and they are forced to remain at home and run all risks. I have frequently seen two or three of a family lost in this way.

If each municipality had some place or places provided for the reception of those who have been exposed but have not yet become infected, many valuable lives might be saved.

The treatment of diphtheria has varied from time to time—new remedies coming up with the reputation of a large number of cases treated without a single death, but when tried for a while they have all proved disappointing and one after another has fallen into disuse and been forgotten. This state of things is the result of our imperfect knowledge of the pathology of the disease, the difficulties of diagnosis in mild cases, and great differences in the malignancy of the disease at different times and in different localities. When we hear of an unusual number of cures we are always in doubt as to the above-named conditions.

With the discovery of the Klebs Loeffler bacillus more scientific notions of the disease have obtained, careful observations on the nature and life history of the bacillus, and on the conditions favourable or otherwise to its development, have been made.

The observations that the bacilli are found mostly in the superficial layers of the false membrane, that the germ itself does not enter the tissues,