house on business, and was obliged to remain there some hours. The disease existed in this house. He went to his own home some miles distant. No cases were near his own residence, yet both wife and child took the disease, and the child died.

Dr. Mullin, of Hamilton, tells of a family under his care; four members suffered; the first a schoolboy; the early indications appeared Nov. 6; the other children were sent from home at once, and the patient was convalescent the 13th. The other children were brought home the 20th, and efforts made to keep the convalescent one isolated; however, on the 30th another was seized; Dec. 1st another, and on the 6th the third. He says the occurrence in the last three seems to him fairly attributable to contagion from the first.

During the winter of 1884, I observed a number of cases in one neighbourhood, which seemed to prove its passage in the air. In a tenement house, standing alone in a filthy state, two children died of diphtheria; across the street, and a few rods eastward, is a row of houses, all situated on high, dry ground, fair water, and families in good circumstances; in a few weeks after the deaths in the tenement house, it appeared in this row, which was in the direct tract of prevalent winds; two children in one house, five in the next, and four cases in the third house, in all 11 cases in this row of houses; the two in the first house recovered; one of the five in the second house died some days after apparent convalescence of heart paralysis, another had a narrow escape; in the third house one died; a visitor had contracted tonsillitis while boating on a damp evening; she died from stenosis of the larynx.

Four weeks later five cases occurred in an adjoining block, in my care; another case closely attended by another physician; some weeks later, in a house close to the original outbreak, but on an opposite side, two children died in one family, altogether 19 cases and 6 deaths in a radius of about 20 rods. Our Board of Health was not yet organized; had there been means to have thoroughly cleansed house No. 1, I believe disease and death would have been prevented.

Prophylaxis is a most essential part of the treatment, for more can be saved by prevention than by cure. It must be confessed that our treatment is not yet what we may hope for. The prophylactive measure can be inferred from the etiology already stated.

Let the unaffected ones of a family be isolated at once, if possible, in another house, and in a different locality, as high and dry as can be secured, and let the quarantine be prolonged. All exposure to cold winds must be avoided. Keep throats of sound children disinfected with proper applications. I am sure this will prevent some cases. Every case of sore throat should be promptly treated. Rooms occupied should be large, well ventilated, and kept at an even temperature. The vapour of turpentine, tar, or sulphurous acid are probably useful, and are very well tolerated. Every infected locality should be visited by the authorities and completely disinfected to prevent spread of the disease.

IDENTITY OF CROUP AND DIPHTHERIA.

This question has been discussed for some time without reaching a definite conclusion. The views of Lewis Smith in a recent article are correct, that membraneous croup is not a disease of itself, but an outcome of other diseases or conditions, and states them in the order of frequency: 1. Diphtheria; 2. Cold; 3. Measles; 4. Pertussis; 5. Scarlatina; 6. Typhoid; 7. Irritating inhalations. He says that in all instances the morbid anatomy, clinical history and required treatment of the croupy state are nearly identical; that attempts to differentiate them are futile; this puts the identity as regards treatment too strong, for in diphtheritic croup the system's condition is more adynamic than in croup from cold. In croup from other causes there is a sthenic condition, and the stenosis is the principal difficulty, and calomel could be pushed farther or jaborandi be used.

Jaborandi was tried extensively in the terrible epidemic of diphtheria in Russia a few years ago in the croup cases, upon the theory that the abundant secretion produced would so influence the condition of the parts as to prevent the formation of membrane or dislodge that already formed. The statistics do not favour its use in diphtheritic croup from its depressing tendencies. In cases of croup due to cold I have found