and it is to be hoped that the problem may be solved along the same line as that pursued by Pasteur in his triumphs over hydrophobia and other dread diseases.

Amongst the complications albuminuria is not rare in the early stages, but if it persists, casts of the tubuli should be looked for, and the ordinary treatment for nephritis adopted. This is occasionally interstitial in character, and then more apt to become chronic. Adenitis, usually cervical, seldom leads to suppuration, but may leave the glands permanently hypertrophied. In the acute stage ice bags are useful, also ice taken frequently by the mouth.

I have had a few cases with extraordinary œdema of the uvula interfering with deglutition, and have found two or three applications of Monsel's solution and water in equal parts, comforting to the patient.

I have seen but one instance of diphtheritic conjunctivitis—a rare complication. It was bilateral and complete, the eyes covered as with a mask of leather; treatment was unavailing. Sloughing of the cornea and total blindness ensued. Boracic acid or other mild antiseptics should be used. The paralyses that follow the disease are manifold, the most frequent being ciliary and ocular, glosso-pharyngeal pneumogastric, sometimes in one branch alone, and paraphlegia.

The lesion in all such cases appears to be peripheral neuritis. For the purpose of obviating it, the syrup of triple phosphates might be administered during convalescence, and, in the way of treatment, a very mild interrupted electric current would be a useful adjuvant.

Secondary middle otitis is not infrequent, but requires, or admits of, no special treatment apart from that employed in acute inflammation in that part. In washing the nasal passages it is well to direct the patient to keep the mouth open in order that the fluid may not enter the Eustachian tube and perhaps carry disease germs with it.

I have refrained from quoting from experience illustrative cases, and shall close with the following reference.

A boy, aged 14, had diphtheria a year ago, followed by temporary presbyopia, convergent strabismus, glosso-pharyngeal paralysis and paraplegia. These symptoms subsided in a few months and were followed by a very great loss of memory of facts, without aphasia, which continues up to the present. The patient being apparently well nourished and physically robust, I am at a loss to locate the anatomical lesion, and simply mention the matter as a curiosity, in the hope that some one present will solve the difficulty.

ETIOLOGY OF NARCOTIC INEBRIETY.*

BY J. B. MATTISON, M.D.,

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Twenty-two years study and experience, compassing the history or treatment of hundreds of cases, has emphasized a belief, which candor compells me to express, that in nearly all cases of narcotic inebriety among the better class in this country, the primal and principal factor in causation is the doctor. There is a consensus of opinion from those best informed—by contact with such cases—to the same effect. It is, too, a well-founded fact that in those same cases painful, wakeful conditions have stood, most largely, in genetic relation to the morbid narcotic weed.

Granting these two facts, it goes without saying that the force and extent of professional responsibility is both active and passive, direct and indirect. Opium, chloral and cocaine are the main types of this inebrial disease, and the first is, by far, the most frequent. Of this, morphinism is most common, and the sub-dermic form the most disastrous.

The active, direct responsibility of medical men in the rise of morphine inebriety is in giving this drug often when it is not really required. Little doubt, during the last two decades, of its carelessly needless use, and as little question that this has favored its insiduous advances. Akin to this, is the too prevalent practice of giving morphia when other anodynes, though perchance less speedy, would secure the same result. Still more forceful, as to direct responsibility, is the pernicious practice of advising patients to self subcutaneous morphine using. But the main measure thereof is in the patient being dismissed without full thought as to ultimate result of the opiate giving,

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