recovered, happily. I would like in this connection to call attention to the formula which I employed for the preparation of the chlorate of potassium solution, as I doubt if it is in general use, and am confident of its superior efficacy:

R. Potass. chlorat ℈viij;

Acid. hydrochloric., mviij;

Rub together until greenish fumes of chlorine begin to rise, then add aq. cinnamon., f ℥viij.—M.

S.—A tablespoonful every two hours.

This preparation contains chlorine, as will readily be seen, not only in its saline combination, but also free, and may be called the chlorinated solution of chlorate of potassium. It is the prescription of a British physician, whose name I unfortunately failed to preserve in appropriating his idea, and has certainly a peculiar potency, not only over diphtheritic processes, but in that troublesome, and just now frequent, form of throat-disease,—ulcerative tonsillitis,—the *herpes gutturalis* of Trousseau. I am well aware that a single case will not serve as a peg to hang a theory on, but it may answer for a text in connection with that first referred to. That I have never had another case of croup to treat is accounted for by two facts: the first, that I shortly afterwards withdrew from family practice; the second, that I invariably examine the throat of a child presenting febrile symptoms or acute disturbance of digestion, and attack every case of acute faucial congestion that offers itself, at the outset, with chlorate of potassium and quinine, carefully avoiding cathartics and depressants, and thus, as I believe, prevent the development of the diphtheritic poison. Had I, however, only my own meagre experience to adduce in support of the theory for which I am contending, I should be guilty of shameless presumption in airing it before a body at once so learnedly critical and so practically familiar with the facies of the affections in question. My design is rather to make use of the observations of those who have had larger opportunities and made a better use of them, in showing, first, that the analogy between these two diseases in every essential particular is so striking as to amount to a proof of identity, and secondly, that such an opinion is now steadily gaining ground among those who have most carefully studied them in their clinical as well as their pathological aspects.

Diptheria may be defined in the light of the most recent investigations to be a zymotic disease, affecting the entire system through the presence, and probable multiplication, of a foreign living organism in the blood, having as a local manifestation an effusion of plastic coagulable material in the substance of the mucous membrane of the cavities of the mouth, pharynx, and nose, or an exudation of the same upon its surface. Its general symptoms are gradually increasing heat of skin and frequency of pulse, the latter rapidly becoming feeble, slight digestive disturbance beyond loss of appetite, and a degree of general prostration of the nervous forces quite out of proportion to the local lesion. In fatal cases, death evidently results from systemic poisoning. It is usually plainly epidemic, or contagious, or both.

As to its therapeutics, a system of depletion, whether by blood-letting, or active catharsis, or excessive emesis or profuse diaphoresis, or of contra-stimulus by the prolonged use of nauseants, and notably of tartrate of antimony, is almost invariably followed by an aggravation of the symptoms, and if persisted in, too frequently by a fatal termination. On the other hand, the free exhibition of an antizymotic, of which chlorine, either in solution or in composition with iron or an alkaline salt, appears to be the most deadly to this form of fermentative growths, and of bark or one of its alkaloids (of which quinia still stands *facile princeps*), a nourishing diet, and comparatively early resort to stimulus, will in the majority of instances conduct the case to a favorable issue.

Now, I claim that no one can take up a standard text-book on children's diseases, if the production of an author who holds the mirror fairly and squarely up to nature, instead of squinting at her through the crowquill of preconceived bias and prejudice, and read the description of these two diseases, without being struck with close resemblance in their mode of invasion, progress, character of fatal termination, when not induced by immediate suffocation, and rate of convalescence. Even writers who believe croup to be a sthenic local inflammation are forced to admit that the febrile action is of a markedly lower grade than that which obtains in simple uncomplicated or spasmodic larnygitis. Thus, Meigs, than whom no one has described more faithfully the natural history of children's diseases, says, in treating of the differential diagnosis of these two last-mentioned affections, "The pseudo membranous form of the disease is often preceded or accompanied by the presence of false membranes in the fauces, which is not the case in spasmodic, simple laryngitis; the symptoms of invasion of the former disease are *less acute* than those of the latter, the *fever* being *less violent* and the restlessness and irritability less marked than is usual in the simple affection, in which the general symptoms are severe from the first. The hoarseness of the voice and the cough follow a different course in the two diseases; the progress of these symptoms being slow and gradual in the membranous, and much more rapid in the severe spasmodic form. The fever is violent throughout the attack in the severe spasmodic disease, *whilst in the other form it seldom reaches a high degree of intensity.*" He aptly describes the invasion of true croup as "*slow and creeping.*" What means this "slow and creeping"—this stealthy and masked—advance upon the citadel of life, but the development and diffusion throughout the body of a morbific material, gradually making itself master of all the avenues of approach? What has it in common with the bold onset of a frank, declared inflammation, such as an acute pleuritis or simple laryngitis? And how closely is it in relation with the prodromic period of most of the true fevers, and of diptheria!

Bouchut, in his admirable work on children's