such as to more than counterbalance the good effects of the removal of membrane. From analogy, I hold the belief that apart from the greater infectiousness to the air of the room of large masses of gangrenous membrane in the fauces, nose, etc., the absorption of the gases and microbes from it are almost certain to intensify the septicæmia whether it be *post hoc or propter hoc.* I have never yet seen the thorough use of the measures herein indicated followed by those toxic symptoms of sepsis in the blood, the almost invariable forerunner of a speedily fatal termination of the case.

I have thus in as brief a manner as possible pointed out the chief practical points in the treatment of the disease, and which, in my experience, have, if thoroughly carried out from the early stages of the disease, proved sufficient to prevent the necessity in most instances for the adoption of other measures.

There are, however, some remarks which I deem it of the greatest importance to make, regarding the duty of the physician after the first nine or ten days of acute disease have been successfully passed. The membrane has very largely ceased forming, the prominence of the local symptoms is passing away, and the physician who has had a comparatively mild case to deal with, or one who has not seen the disease frequently in its varied forms, is inclined to consider the case well advanced toward recovery. He perchance says so; relaxes his vigilance, and the friends following his example do the same in an increased measure, and thus an opportunity for the slumbering, though by no means exhausted disease, to re-assert itself is given. The delay frequently in the appearance of membrane after the invasion of the disease, the often prolonged incubation of the disease subsequent to exposure, and the chronic exudative tendency of the disease in other instances, all point, even if unfortunate experience has not, to the fact that a favorable progress with complete disappearance of the membrane in the pharynx at the tenth day, by no means indicates that danger from this cause has passed away. The only instances of tracheotomy amongst my own cases have been in consequence of secondary appearance of exudation, not in the pharynx but in the larynx, while in other instances I have known the system now debilitated, when exposed to cold, sink very rapidly from the septicæmia and inability to take nourishment. Another reason of even greater importance for continuing at this stage the early-adopted and successful measures, is that the danger of the contagion extending to other members of the family has by no means passed. Not till well toward the end of the third week in almost every case have I allowed the disinfectant and isolation precautions to be relaxed, and this point I signalize by delaying to give in an exact and minute manner the directions for carrying out a final disinfection of patient, clothing, and room. If I have any doubts about the ability of the heads of the house to do this thoroughly, I see that it is done or do it myself. The results have been satisfactory to the patient, and pleasing to the family, and myself.

These remarks made, there is something more to be said regarding the continued treatment of cases after the disappearance of the membrane. Often the iron tonic and whiskey with milk, continued for three or four weeks, answer every purpose; indeed they usually will; but I have thought from observing these cases that it is preferable to continue tonics by the administration of iodide of iron and minute amounts of arsenic and strychnine with cod-liver oil when the stomach can stand it. These aid in the prevention of post-diphtheritic paralysis, counteract the extreme anæmia often present, and when with these can be associated a change of air, a few months will afford a complete recovery, except that the respiratory tract remains for a long time more than usually subject to cold. Such treatment carried out from the beginning removes the dangers in a very large measure of nephritis, and favors its removal if developed in any great degree.

Regarding laryngeal diphtheria, or croup, my experience during the past year has been limited to two cases, within the first four days of the onset of the disease, and I have seen no secondary developments, owing, I believe, to keeping my patients almost invariably in bed for three weeks. When croupous symptoms developed at an early stage of the disease, $\frac{1}{30}$ of a grain of mercuric chloride, given every one-half hour to an hour for 24 hours with subsequent less frequent doses, has been successful in removing the trouble.

Whether or not it becomes our duty to not only treat cases which occur, but by every means try to prevent them, must be judged from the fact that at the rate of mortality amounts to nearly 2·0 per