

that theory of disease as his ideas or common sense dictate.

I, for one, therefore, would like to ask a few questions, requesting explanation concerning certain facts in connection with diphtheria of those who claim that it is a disease of local origin.

How do they account for that period of incubation which precedes local manifestation? Incubation, as applied to disease, I understand to mean "that period which elapses between the introduction or entrance of a poison or morbid element into the system and the manifestation of certain symptoms produced by that poison whereby we may or can pronounce exactly what disease exists." During this period of incubation, then, which lasts from a few hours to a few days, varying in time in different cases, we find our patient complaining of headache, weariness, pains in back and limbs, high temperature and rapid pulse, loss of appetite, and furred tongue. Next we have intense hyperemia of the mucous membrane covering fauces, particularly the tonsils; and, lastly, we observe the exudation. Is this the order in which the symptoms should occur if the disease was produced by local infection first? What poison produced the symptoms accompanying that period of incubation? Was it not the very poison that produced the local appearance in the throat afterwards?

If local infection be accepted as the correct theory, then we must abandon the idea of any prodromal stage or incubation entirely or reverse the order in which the symptoms occur. Some authorities tell us some cases are constitutional, while others are of local origin. What are we to understand by this statement? Is it that, in cases where local manifestations are observed early, they think they have discovered the point of inoculation and designate such a case of local origin, whereas in those in which a period of incubation precedes the local affection and they cannot find or discover any point where the poison deposited itself, they say such cases must be constitutional? Take a case of small-pox. Are we to say that a case which has been produced by the entrance of the poisonous germ into the blood at some spot not visible is constitutional, and another that has been produced by intentional inoculation of local origin? Are not both constitutional?

And do we not accept or recognize in the appearance of the pustule produced by either inoculation in small-pox, or even vaccination, an evidence of systemic infection?

If the idea of local origin with subsequent contamination of the general circulation is correct, why, certainly, the entire and complete removal of the cause should prevent effects; hence, the proper and only sensible treatment, in accordance with such a theory, would be cutting or scraping off the exudation, penetrating well into the healthy structures. Supposing this were done, what is the result? Why, an immediate reforming of membrane. Now, from whence comes this new exudation? Certainly it is not produced by the old, because that has been entirely removed. It is undoubtedly produced by the same cause as the first one was, namely: The blood deposits it there, as the part selected in that disease, exactly in the same manner as small-pox, chicken-pox, measles, and scarlet fever select the cutaneous surface and produce the changes observed there.

Do the disciples of the local-origin theory advise the removal of what they say is the cause of the disease, the exudation? No; I think all with one accord say, No, do not disturb it. The practice and suggestions of many physicians are greatly at variance (I think) with the ideas they have put forth. For instance, Dr. Seibert, of New York, has invented an instrument (and a very ingenious one) for making submembranous injections, using chlorine water as the liquid. Now, what is the effect of this apparently simple operation? The fluid which is injected is at once carried away by the circulating blood and absorbents, and a puncture, representing the entrance of each of the half-dozen needles, remains. Is not each of these half-dozen punctures a separate opening for infection? I must note another peculiarity in his treatment, which is this: Dr. S. says a child may be disturbed frequently during the day and allowed to sleep six or seven hours at night. What guard does he leave in charge of the portals to the circulation during these hours of repose? Does he mean to say that the fluid he injects at night will remain in the tissues, actively working, during these six or seven hours? Or are we to believe that the diphtheritic bacilli