even if it must take place at the cost of some healthy tissue beside.

Some time ago I had the pleasure of presenting a paper on hypertrophic tonsils, in which I incidentally mentioned three cases of diphtheritic tonsillitis, with all the characteristic symptoms of the disease, which had come under my observation, and in which the disease was cut off, so to speak, by tonsillotomy. This result was, to my mind, satisfactory evidence that a removal, or, what is next best, a thorough destruction of the diphtheretic infiltration, is the cure, and that nothing else will answer. I regard it as an endorsement of the destructive procedure I have always followed in my practice, and from which I have never swerved, unless compelled by circumstances. I have never seen any reason to alter my views, or to abstain from this proceeding, unless the disease had assumed such proportions that it was beyond the reach of treatment of any sort. There are exceptions to every rule.

The shortcomings of my procedure are admitted in cases that come under observation late, and where the toxic symptoms pursue such a rapid course that we are only in time to witness the last struggles of the victim of the disease, although even in the most desperate cases, agreeable surprises have taken place not infrequently. We give stimulants as long as there is a spark of life, and we are just as much justified in our efforts to destroy the infiltration as long as life exists. Unless the patient is moribund, and all hope of saving life is gone, I never hesitate in applying my method; and when I say that I have never regretted it, even in the most desperate cases, this is the best recommendation I can give it. We must remember that even in such extreme cases as diphtheritic infiltration of the throat, nose, and larynx, the principal locality where the absorption goes on is in the throat; I mean in the tonsils and in their immediate surroundings, not only because this place is usually the first infected, but also because this part is most richly provided with glandular structure, which not only furthers the absorption of the diphtheritic poison, but also is the least likely to be interfered with by any remedy whose aim is only a superficial action, and not a total destruction of the infiltration itself. It is, therefore, in my estimation, no contra-indication that the diphtheritis extends above or below; on the contrary, by checking the main source of absorption, so much is done toward checking the spreading of the infiltration, that we can then regard infiltrations in other localities with a certain degree of ease. In short, I mean to say, that the disease is more than half conquered when we can succeed in destroying the infiltration *in* and *around* the tonsils. This may be deemed a bold assertion, but I can only say it is my conviction. But it will be willingly admitted, that with such complications as I have spoken of, the control of the disease is lost, more or less, so far as topical treatment is concerned. The difficulty increases in the same proportion that the infiltration extends, and the natural deduction from this is that the destroying process is best adapted, and most likely to give the best results at the onset of the disease. What is easy and feasible to-day, is perhaps out of the question to-morrow. If it were practicable, I should say, never go to a case of diphtheria without the galvano-cautery; but I must limit my advice to nitrate of silver.

If this method be adopted, it will be a question for future solution as to what cautery is best adapted for the purpose of destroying the infiltration. I must hold to nitrate of silver, as being a remedy whose action is deep enough for the purpose, which does not extend further than we wish, and any superabundance of the agent can be immediately neutralized with a harmless stuff—common salt. My experience is limited to this, and because of it having served me so well in my practice it has become my pet remedy; but, of course, I am willing to give it up for another cauterizing agent, should one prove to be better. But the question here is only as to the merit of my proceeding.

To come, now, to the details of the application of my method, I will state that I never call on any case of throat disease without my head-reflector, tongue-depressor, cotton and cotton-holders, and the nitrate of silver. This I have mitigated with 10 per cent. nitrate of potash, so that it will not so easily crumble or break. While it is melting I dip my probes in it, one with a blunt, another with a cone-shaped, sharp point; this last for the purpose of bringing the cautery deep into the follicles of the tonsils. The ends of the probes are roughened, so that the nitrate of silver will not fall off. The first thing I do is to place the light so that I can with ease throw it from the reflector into the throat. As objections in some form usually are met with in small children, I place them with the lower half of the body on somebody's lap, while I take the child's head between my knees —the position we employ in treating eye diseases in children. By pressing the tongue down and mopping off most of the detritus, I can at once get an idea of the extent of the infiltration. The first object of my attack is the locality in and around the tonsils, and I always satisfy myself that the work is done here throughly for the above-mentioned reason. Next comes, in the same sitting or later, the cauterization of other localities. A little while afterward I apply with the cotton-stick a solution of common salt.

As above said, we have, to some extent, lost control where diphtheria extends upward to the nose or downward to the larynx—at any rate, so far as topical treatment is concerned; so I shall only add a few words about this complication of the disease. The treatment here must be symptomatic, and according to the severity of the