

ing the stage of dyspnoea; hence the danger of delay after stenosis is evident.

Microbes are tenacious of life; cultures of diphtheritic bacilli months old have been found to have poisonous properties, and it has been wisely said that remedies strong enough to destroy all the bacilli, are just as apt to kill the patient; hence the difficulty in finding specifics, and the special fitness in the case of this disease of the adage "An ounce of prevention is worth a pound of cure." Prophylaxis stands in the front rank—disease germs are fond of a weakened or diseased part. Some of the most malignant cases I have seen have been engendered on a catarrhal mucous membrane, adenomata of the pharynx, and enlarged or otherwise diseased tonsils. A physician who overlooks these predisposing causes is, to the fullest extent, culpable. I can only suggest the means of prevention:

1. Isolation of the patient perfect and continued for at least two weeks after the last vestige of the disease has disappeared.
2. Destruction of all fomites, no matter how valuable, unless such as can be boiled in a strong antiseptic fluid, preferably corrosive sublimate solution.
3. Conscientious compliance with the requirements of the Health Act in reference to reports of contagious diseases.
4. Thorough inspection of premises. In the large majority of my own cases, drainage has been found defective on the application of thorough tests.

The disease being essentially poisonous and adynamic, the constitutional treatment indicated is antiseptic, stimulating and supporting. The diet should be fluid and generous, up to the limits of digestion—for hungry lymphatics eagerly absorb, and absorption means toxæmia. The tendency is towards exhaustion, and such tonics as quinine and tincture of iron are indicated. It is a hackneyed custom to add chlorate of potash in large quantities, quite irrespective of its tendency to produce heart failure and nephritis. Prof. Wood, of Philadelphia, maintains that it is eliminated in its entirety and unaltered through the kidneys.

The muriate of iron appears to be the standard supporting remedy, and acts in two or three ways: 1st, it causes tissue tonicity, and perhaps in this

manner narrows lymph spaces, and prevents absorption. 2nd, it feeds blood corpuscles, promotes oxidation in the tissues, and thus destroys organic poisons. And, 3rd, it stimulates nervous force by increasing blood pressure in the great centres.

Stimulants are tolerated in proportion to the profundity of the toxæmia, the specific poison acting as an opponent of alcohol, just as opium is well borne in peritonitis, quinine in malaria, and iodide in syphilis, therefore, they are invariably indicated, and the directions are simple, *pro re nata*, and in kind adapted to the palate.

The leading antiseptics administered constitutionally are calomel, mercuric iodides, corrosive sublimate, up to the limit of a grain per diem, in divided doses for a child five or six years old, salicylic acid, a favorite of the late McKenzie, chlorine water and nascent chlorine, strongly recommended by Gerhard, of Philadelphia, prepared according to the formula:

Chlorate of Potash . . . . .	3 parts.
Muriatic Acid . . . . .	2 "
Tincture of Iron . . . . .	5 "
Sprup . . . . .	15 "
Water . . . . .	40 "

Dose a teaspoonful diluted.

Lately sulphide of calcium has been highly spoken of, but I cannot pronounce on its merits from personal observation. It should be borne in mind that heart failure, the bugbear of the disease, is not always preceded by a rapid pulse as one would expect; if the pneumogastric is involved the pulse is frequent, but the opposite occurs if the cardiac branches of the sympathetic are affected. The remedies are absolute rest in the recumbent posture, stimulants, digitalis in small doses, musk, camphor, caffeine and strychnia, either by the mouth or hypodermically.

Seibert has been experimenting with only indifferent results with injections of chlorine water into the sub-diphtheritic mucous membrane, the fluid being introduced with a many pointed syringe, and the operation followed by a gargle of iodine, carbolic acid and water. In the *Glasgow Medical Journal*, Bannatyne speaks of injections of attenuations of the erysipelas poison, with the expectation that the product of another microbe may act as an antidote to the Loeffler bacillus;