I have not time now to detail the manner in which the corrosive sublimate is formed in the mouth, further than to say that the quicksilver in the plugs is driven off by the heat of the mouth in very minute particles, and, combining with the chlorine in the fluids of the mouth, or any saline substance, such as our food, passes into the stomach, and produces slow poisoning. If the State Medical Society will appoint a committee to visit this place, I will show them several cases that will place the matter beyond controversy.

There are some twelve thousand dentists in the United States, doing a wholesale business at this poisoning, and I ask the co-operation of the State Medical Society, as guardians of the public health, to assist in getting an act of Congress passed making it a penitentiary offence to place any poisonous substance in teeth that will injure the people.—*J. Payne, D.D.S., Chicago Medical Journal.*

ON THE PRACTICAL IDENTITY OF TRUE CROUP AND DIPHTHERIA.

Read before the Philadelphia County Medical Society, Feb 11, 1874.

By Benjamin Lee, A.M., M.D.

Hays's Journal for January, 1870, contains a valuable and suggestive article with the following title: "Case of Diphtheritic Croup in which Tracheotomy was performed; Death on the Seventh Day from the Systemic Poison. By John H. Packard, M.D., of Philadelphia." At the close of the paper Dr. Packard says, "As to the cause of death. It is a very common opinion that the existence of false membrane in the bronchi or trachea is a strong contra-indication to operating, and that its absence is in favor of success. Yet in the case now detailed there was no such deposit found anywhere in the air-passages after death, although some casts were coughed up within the first three days. The child died from blood-poisoning; all that could be gained by the operation was gained."

"The child died from blood-poisoning," or —as the doctor puts it boldly and distinctly in his title, thus distinguishing it from that blood-deterioration which results from deficient aëration—"from the systemic poison."

My own belief is that in many, perhaps the majority of fatal cases of croup, the cause of death *is the systemic poison*, and that in all cases of croup our main chance of success consists in *counter cting* the systemic poison. It is in this belief that I offer the following remarks. At the time that I entered upon the practice of my profession in the city of New York, the medical mind was greatly agitated upon the subject of diphtheria, which had burst forth as an epidemic in several centres at the North and East, but nowhere so destructively as at Albany. A new disease to most of those who were thus suddenly called upon to confront it, they were naturally at a loss to know on what ground to meet it. Unfortunately, it was usually looked upon as a sthenic inflammation, and vigorously combated with antiphlogistics. That seductive little termination, *itis* which so charmingly simplifies our pathological theories, supplying a bran-new, ready-made nosological nomenclature, with the very trifling expenditure of thought required in appending the same to the Greek (or, as was and is often ignorantly done, to the Latin) name of the organ or tissue which appeared to be most prominently affected in any given case or class of cases, was now most shamelessly married to one of its own family,—tacked on to the end of a morbid process,—and the resultant monster was diphtheritis, or an inflammation of a false membrane. The philological blunder we may pass over with a smile, but the pathological blunder which it expressed and the therapeutical blunder which it induced we can only look back upon with horror. The fatal character of those early epidemics is only too well remembered. But gradually light dawned. Some practitioners, empirically, simply seeking to avoid those remedies which at least produced no beneficial result,—others, on theoretical and rational grounds, tracing in the symptoms the general outline of a systemic blood disease,—began timidly to pursue a supporting plan, and to seek for an antidote to the suspected poison. This was found in the salts of chlorine; and diphtheria speedily became the more manageable disease it is to-day. The analogy between the exudation of croup and that of diphtheria early attracted attention; but a still further analogy impressed me even more deeply,—that exhibited in the unhappily similar results of the same line of treatment,—viz., the depletory and depressant, the grandly named antiphlogistic plan applied to the two affections. The mortality in both under similar arrangement was almost identical, and in this I recognized an argument for the identity of the morbid processes, and determined, when occasion presented, to test the matter by exhibiting in croup the class of remedies which had changed the whole complexion of diphtheria. The opportunity was some time in offering itself. In the course of perhaps a couple of years having in the mean time had occasional cases of the latter disease to treat, I was summoned by telegraph to New Rochelle to see a child suffering under the former. Before leaving the city I fortified myself with a large phial of solution of chlorate of potassium, and a number of sulphate of quinine powders. The physician in charge was an elderly gentleman, of great intelligence, but who had for a considerable period retired from the active practice of his profession. The case was in the second stage, and, although not of the most intense grade, had progressed steadily, and as yet shown no signs of amelioration. The treatment had been thoroughly routine,—emesis by ipecacuanha, antiphlogosis by tartrate of antimony and potash, and defibrination by calomel. I concurred in its propriety, but suggested that it had already accomplished all that it could do, and that the time had perhaps arrived for substituting a supporting course. This was readily acquiesced in. I had the satisfaction of learning the next day that the symptomsalready showed some improvement. The child