

clothes, is kept at a normal body temperature, must have a tendency to produce those bad results which we all know result from unequal exposure of different portions of the body, in a delicate state of health, to different temperatures.

2nd. That at this temperature the skin does not act feely, and as a consequence the glandular swellings of the throat appear earlier and more pronounced than in the peripheral circulation were free.

3rd. That in proportion as the peripheral circulation is impeded or is not kept active, the excretion of the poison of the disease by the skin is imperfect, and as a consequence, not only are the vital powers depressed but the irritability of the stomach is increased and its desire for food proportionately lessened. The only argument which, I imagine, can be used in favor of a temperature of 60° F. is that it is less exhausting than the higher one of 75° F.; but when we notice, as I again and again have, the comfort which the warmth and steam gives, the freedom in very large measure from glandular swellings, when this treatment is continued from the onset of the disease, and the great capacity even desire which the stomach shows for food, I can only say that not only have I found these benefits more than counterbalance any *à priori* bad results, but have also found that injurious results have frequently followed the neglect of the precaution of keeping up a high temperature.

It may be as well to complete at this point my remarks regarding the medicated vapors. Most of the authorities writing about medicated vapors, indicate the necessity for their use, or at least for the use of steam alone; but none that I remember, insist on the continuous use of vapor, and especially of medicated vapor. Stated briefly, the advantages of it seem to me to be:

1st. Its readiness of arrangement and inexpensiveness, even to a poor family.

2nd. Its continuous supply of an even temperature regulated by the nurse, who keeps a thermometer hung up under the tent.

3rd. Its constant evolution of volatile vapors, which inhaled, produce a healthy stimulating effect on the mucous membrane, and to some extent an antiseptic action.

4th. Its constant supply of carbolic acid vapor, antiseptic as an inhalation and to the air of the

room. We are aware how much is being said on the one hand at present, of the uselessness of carbolic acid as a germicide, except in strong solutions continued for a time, and on the other, of how its antiseptic properties are vulgarly supposed to aim fatal darts from the shallow sides of saucers, sitting about the room, at any micro-organisms within the four walls of the room.

I think we have a right, however, to judge by results of the antiseptic properties of carbolic acid, when properly and continuously used in a room. At all temperatures from 60° F. to 212° F. it becomes increasingly volatile, but at 60° F. Hassall has shown that not more than one-half per cent. is volatile or given off by evaporation. Now I have only to say in a word, that whether this is the sole or partial reason, I have not during the past year that I am aware of, had second cases of diphtheria occurring in houses where these vapors were continuously given off in the sick-room, except in the instance of a mother who remained in the sick-room, and who in swabbing the throat was necessarily much exposed to the child's breath.

I have never been able to detect any marked injuries following the use of these vapors.

Referring to the question of swabbing or sponging the throat with solvents, there is, I confess, room for discussion. Personally, I may say that with children I at once set aside the question of a spray, as not one child in a dozen will, or can, summon up enough of courage to allow of its use for a length of time sufficient to produce any good effects. As regards the use of a large, soft swab of absorbent cotton, I think the practical results to be obtained during the first five or six days of the exudation of membrane are such as to make the use of the swab in most cases justifiable and desirable. My experience, I may say with solvents, has been almost wholly with lactic acid. Every writer agrees that it is a solvent of membrane. If a child has been well-trained there is usually not much difficulty in getting the throat swabbed, except with children under four years of age. If the pulse is good and the formation of the membrane is free and rapid on the tonsils and soft palate, I have the solution applied by such to the part every three or four hours. If the child is nervous with a rapid pulse and is very much excited and struggles when the throat is swabbed, I am inclined to the opinion that the effects of the struggling may be