it does not by any means follow that we have in this agent a cure for diphtheria. It is impossible, in practice, to carry out the antiseptic treatment of a diphtheritic sore throat in such a manner as thoroughly to destroy all the infected tissues, even were we able to apply our remedy in the pre-exudation stage, and if impossible in this early stage, how much more so must it be when the mucous membrane becomes covered with membranous patches. Probably the most important local use of any of our antiseptic agents is the influence they exert on the mucous membrane in the neighborhood of the infected patches, and not on the diseased parts.

In the local treatment of diphtheria, something is wanted in addition to an antiseptic. We want an agent that is capable of rapidly dissolving the membranous patches. Two substances have been introduced into practice during the last two or three years, which have been confidently said to possess this power. These are papayotin and pilocarpine. The former acts by directly dissolving the exudation, while the latter, it is said, floats the patches away by giving rise to an exudation of serum on the surface of the mucous membrane. The papayotin is applied locally; the pilocarpine is given internally. In a certain measure both these agents fulfill what is said regarding them. Owing, however, to the great difficulty and expense in obtaining the papayotin, it has not yet been used sufficiently to demonstrate what degree of usefulness it does possess. The untoward effects which are apt to follow the free use of pilocarpine will always render it a dangerous remedy, when given in the doses necessary to produce its full physiological effects on the salivary glands. Unless it produces free salivation, it cannot be of any use in "flushing" the throat; and in the doses necessary to produce these effects, it acts more or less as a cardiac depressant. A cardiac depressant is, of all agents, one to be used with the extremest caution in diphtheria. There are several deaths recorded from heart failure in diphtheria where pilocarpine was administered, and where it was supposed to have had more or less share in bringing this about.

A recent writer speaks very highly of the success which he