

that cannot be boiled in a bichloride solution should be destroyed, and as the poor cannot afford this loss, they should be recompensed by the municipal authorities. Until this is done, we may expect to have this dread disease constantly in our midst.

From the scientific researches of Klebs, Löffler, Welsh and others, we learn that diphtheria is a disease which is local in character before it becomes constitutional. This being the case, the earlier and more vigorously we commence local treatment, the greater the chance of success. In making the diagnosis, it is of great importance that we should distinguish the form of pseudo-membrane. There are two forms:—1. That which lies upon, but does not to any extent involve the mucous membrane. 2. That which does involve the mucous membrane, causing its destruction. The membrane may spread with equal rapidity in either case, but in the latter the danger of absorption of toxic albumen into the deeper structures, possibly resulting in necrosis, is far greater. Our diagnosis made, we at once isolate the patient, selecting a room at the top of the house, one that is as large and as easily ventilated as possible, devoid of carpet, rugs, curtains, flowers and all ornaments, in fact everything but the bed, a wooden chair and a small table. Over the door, on the outside, hang a sheet which is saturated, and kept so, with a solution of carbolic acid (1 in 40), or bichloride (1 in 1000), the sheet completely covering the doorway. The attendant should, if possible, live in the room with the patient, or better still, in an adjoining room similarly treated, and should see that the excretions are disinfected by a bichloride solution and removed from the room under cover; that all soiled clothes are burned, and that those utensils used in feeding the patient are not allowed to leave the room and mix with other dishes in the house. Milk or food of any kind should not be left uncovered in the room. Some physicians order saucers containing chloride of lime to be placed about the room, or carbolic acid to be sprinkled about to disinfect the air, but this is now considered of little or no use whatever. The best method, and a very simple one, of disinfecting the air, is by means of a vaporizing solution of carbolic acid and turpentine in water heated over a coal-oil stove. The air in the room should

be frequently changed, and finally, the physician in attendance should provide himself with a long linen coat that he may put on when entering the sick room, leaving it behind for his next visit.

*Local treatment.*—It has been my habit to order turpentine to be applied, externally, to the throat, first coating the skin with goose oil in order to prevent blistering, believing it in a measure, if not entirely, prevents inflammatory swelling, and should be repeated as frequently as possible without breaking the skin, in the intervening time applying warm flannels saturated with oil. Turpentine relieves the congestion of underlying structures by driving the blood to the surface. Some authorities recommend the application of ice. This may be well enough with adult patients, but children will not tolerate it. Many solvents of the membrane have been tried and met with varying success, the most noteworthy being lactic acid and lime water, trypsin, pepsin, papayotin, and peroxide of hydrogen, the peroxide at the present time being the most reliable. It should be fresh and kept in a cool place, the bottle being tightly corked. Stale and poorly kept preparations will not froth up when used and are useless. The atomizer should have a long, stout, hard rubber stem with a flat or rounded tip, such as the Barclay Atomizer No. 21, or Ellis and Golterman's No. 102. Those with slender stems are liable to break, which happened once in a case of mine, the patient's tongue being injured; while a short stem does not reach back far enough in the throat, and in children who resist treatment, the point presses on the tongue rendering the atomizer useless. The throat should be sprayed with peroxide every hour the first forty-eight hours, and then every two or three hours, according to the severity of the case, until the membrane has ceased to form; also with a solution of tincture of iron and bichloride of mercury (1 in 2000), in equal parts, three or four times a day, the iron by its astringency causing hardening of the tissues by coagulating their albumen, thereby lessening the danger of absorption of toxic albumen.

When the patient is under three years of age, I dilute the peroxide. If the membrane, by its rapid growth, causes dyspnoea by filling up the throat, it should be removed. This should be accomplished, if possible, by a soft roll of absorb-