

agent recommended by Herter is salicylate of sodium, and he believes that no antiseptic approaches it, especially in melancholia, and other conditions where there is cerebral anæmia.

We find in insanities of a toxic nature, that the patient becomes pale and anæmic owing to the destruction of the hæmaglobin and a reduction in the number of the red discs. It will, therefore, be necessary to combine antiseptic treatment with some preparation of iron.

D. PHELAN.

THE TREATMENT OF DIPHTHERIA.

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THE etiology of diphtheria I do not intend to discuss, merely stating that I concur in the now almost universally accepted opinion that it is primarily a local disease due to the presence of a specific germ, and secondarily a constitutional disease, the constitutional disturbances being occasioned by the absorption from the local focus of a chemical poison or toxin, generated at the seat of infection by the bacilli niphtheriæ. This toxin may, and frequently does, affect distant organs, and so we may have during the course of diphtheria inter-current diseases or complications. In this way the heart, the lungs, the kidneys, the nervous system may be seriously affected. The treatment, therefore, has three objects in view: the destruction of the bacilli at the point of infection; the neutralisation of the absorbed toxin; the combating the complications as they arise.

Such has been the mode of treatment adopted by myself and other physicians here. To illustrate I will give a synopsis of 100 successive cases treated in the Kingston General Hospital from October 1st, 1896, to March 31st, 1897. These cases were not all attended by myself, but as I have the records of all these cases before me, I will make use of them. In this hospital a patient who can afford to pay for a private ward is allowed to employ his own physician, while all who go into the public wards