

lithotomy. The gong sounds and the student is next shown some cases sent from the hospitals. In the following cases the diagnosis, pathology and treatment are asked:—A boy with strumous glands and abscess of neck; syphilitic ulcer of leg; urticaria; old fracture and mal-union of head of radius with deformity, and partially ankylosed joint.

The student, after an hour or two, is taken to another room, where he has to appear at two more tables, for ten minutes each, and answer questions on pathology. What's this? A preparation of intra-capsular fracture of hip. How distinguish intra from extra-capsular fracture? Treatment? What are the symptoms of a wound of the lung? how treat? Abscess near knee joint, what are the dangers? What are the diseases of bursæ? A box of calculi: Pick out the vesical, renal and biliary, and the varieties of the former. In what cases would you prefer lithotomy to lithotrity?

The result of the examination is made known the same evening, when an address is given to the successful candidates, by the President of the College.

K. N. F.

KINGSTON, Dec. 29th, 1876.

Selected Articles.

SULPHO CARBOLATE OF SODIUM IN DIPHTHERIA.

The object of this paper is not to give the clinical history of diphtheria, but to call attention to a remedy which, in the hands of those who have had experience in its use, has proved of great benefit in the treatment of this disease. I refer to the sulpho-carbolate of sodium. My attention was first called to it by a paper, read before the Rhode Island Medical Society, by Dr. C. H. Fisher, in 1875, in which he detailed his experience in its use and the formula for its preparation. I had notes of eighteen cases of true diphtheria, occurring within the past three months, in which I have used the remedy with satisfactory results in all but one case. The fatal case occurred December 11th, and was a delicate child three years of age, the disease proving rapidly fatal in thirty-six hours from the time of invasion. While I do not consider the sulpho-carbolate a specific in this disease, I do think that its judicious and persistent use will in many cases be followed by an amelioration of its symptoms.

Just what its mode of action is I am not fully

prepared to say. It is possible that it acts as an antidote and eliminative to the peculiar blood poison which is the cause of the disease. It is a stable salt, parting with its acid only when brought in contact with the fluids of the body. In one case, where a large quantity had been used for several days, the odor of carbolic acid was plainly perceptible in the urine. The remedy may be used in every form and stage of the disease, in doses of from one to ten grains, repeated every one, two, three, or four hours, according to the necessities of the case. The proportion of acid in the salt is about one-fourth, which will determine the dose.

I have given as high as one hundred and twenty grains in twenty four hours, to a child seven years old. It may be combined with quinia sulph., tinct. ferri mur., carb. ammonia, or given in brandy, whiskey, wine, syrup, or any aromatic water.

A very good way to dispense it to children, is to mix it with sugar and let them eat it. For adults I sometimes use the "cachet de pain." My rule is to begin the administration of the remedy as soon as the disease is recognized, and to continue it in increasing doses until its effects upon the disease is manifest, then gradually to diminish the dose and increase the intervals between the doses.

In addition to the use of the sulpho-carbolate, I always use tonics and stimulants freely, and nourishment in a concentrated form, such as beef extract, cream, etc.

The local treatment is directed to the removal of the false membrane and the subduction of the local inflammation. This result is obtained, first by hastening the natural process of exfoliation; second, by the use of such remedies as will destroy the micrococci and dissolve the pseudo-membrane.

The exfoliation of the membrane is caused by a process of suppuration which commences beneath the deposit on the surface of the mucous membrane, and whatever will hasten that process is indicated; and here let me protest against the use of cold applications, either my means of cold lotions, or by ice applied externally or given internally. Suppuration is greatly retarded, if not wholly prevented thereby, and as it is hastened by the use of heat and moisture, such means should be used as will produce it. This is most effectively applied by means of a steam atomizer, or, when that cannot be procured, by the inhalation of steam from a coffee-pot partly filled with hot water, and inhaled through the spout, or conducted by means of a rubber tube to the mouth of the patient. The inhalations should be given as often as once an hour, and continued from ten to fifteen minutes at a time.

While we endeavor to hasten the natural process of suppuration, we may combine with our inhalation such remedies as will act chemically upon the membrane and dissolve it, or hasten its disintegration and destroy the micrococci. Experiment has