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TREATMENT OF DIPHTHERIA.

In no disease is the range of treatment wider or more varied than in diphtheria. This condition always obtains under a state of uncertainty as to the desired ends, and the best means of reaching them. There could be no better proof of such uncertainty as regards diphtheria, than the numerous remedies, often of an opposite nature, proposed, both for local and internal use. Much of this confusion takes its origin in mistaken ideas as to the real nature of the disease. There are still those who believe that in certain cases at least, diphtheria may be purely local in its operations. The recently published results of an inquiry instituted in Michigan, show that this opinion still prevails to some extent. The prominent part which the local affection plays, and the distress to which it often gives rise, have also greatly tended to draw attention from the systemic nature of the disease, and unduly magnify the local lesions. The consequence is that we have an elaborate, though an ill-defined system of local treatment, involving much trouble and danger to the attendants, and much annoyance, and even great distress, to the patients, especially young children, who are usually frightened beyond measure at the sight of the brush or swab, and summon forth all the physical power remaining to them to thwart the designs of their tormentors. The flow of blood which so often follows this operation, and the accompanying struggles, afford evidence sufficient to condemn the practice. Such treatment is as irrational as it is barbarous, and nothing but evil is to be expected from it.

The accepted theory of the day is, that the symptoms and lesions which we call diphtheria are always due to the operations of a subtle poison circulating in the blood, the real nature of which is unknown; in these respects resembling the poison of small-pox, and the infectious exanthemata in general. In all these diseases it would appear that the poison has a propensity for working its way from the centre to the periphery—from the blood-s ream to the oxygen-bathed exterior. The diphtheritic poison chooses by preference the respiratory tract, changing the mucous membrane into necrosed tissue. It also in a special manner affects the heart-force, and tends to death from cardiac exhaustion. The microscope reveals blood deterioration, and the test tube exhibits albumen. In view of these facts, the pulse and the blood should have our first care. A mild purgative should usually begin all treatment, and should be repeated from time to time if constipation be present, or no tendency to diarrhœa exist. Very often at the onset the pulse is strong and full, and the temperature high. In such a case nothing could possibly be more desirable than pilocarpine, or in its absence, the fluid extract of jaborandi. In the earlier stage of the malady, and while the local disease is yet in the formative stage of the so-called membrane, with its deeper vessels in a condition of intense hyperæmia, the diaphoresis, and especially the ptyalism, which follow the administration of this remedy, can scarcely fail to exercise a beneficial influence. But as this is a powerful heart depressor, it must be given only in suitable cases. Under no consideration should it be given in weakened pulse and failing heart force. We are without proof as to the power of tincture of iron over the blood corpuscles in this disease, but theory would seem to demand its administration. In all exhausting diseases rapid in their progress, quinine is called for, and in none more so than in diphtheria. It should be given as soon as the pulse begins to fail, if not before, and the dose should be proportionate to the exhaustion. As a cardiac stimulant, belladonna holds a high place, and should be combined with the quinine in cases of failing heart action. Alcohol should be given freely as soon as the vital forces show signs of wavering. The quantity usually given is too