balanced on the head. Muscles which have been beaten or exercised in this way, should not be overtaxed by the patient maintaining an erect position. Complete rest should be insisted on. Extension by means of the chin strap and tripod should be employed three or four times each day, each seance lasting a few minutes. Strict attention should be paid to general hygienic treatment. As the patients are generally anæmic, or rickety, they should have plenty of fresh air, good milk, cod-liver oil and iodide of iron. In a large number of cases when seen in the earliest stage nothing further is necessary, but when the disease is of long standing and the curve pronounced, a mechanical apparatus is necessary. The best is a plaster-of-Paris jacket, carefully applied and made to lace. It should be put on before the patient rises, and not removed at night until he resumes the recumbent position."—*Cincinnati Med. News*

BORAX IN THE TREATMENT OF DIPHTHERIA.

Dr. L. Noël, of Noyers-Saint-Martin, has had considerable success with the following treatment, practised by him for the last four years.

Starting with the belief that diphtheria is not a local but a constitutional disease, he sought a remedy which could be introduced into the system in quantities large enough, so to speak, to "crowd out," and not merely modify the action of the poison. The author thus selected borax from all other antiseptics, as bearing administration in large doses without danger to the patients.

In epidemics of diphtheria, the author administered nothing but borax, with but three deaths out of sixty cases thus treated.

The author claims that this agent produces a rapid and abundant salivation; and, in being eliminated by the salivary and muciparous glands of the throat, it softens and detaches the false membranes.

The dose is from 8 to 15 grains in an infant below one year of age; of from 15 to 22 grains for two to five years; of 30 grains for five to ten years; and from 45 to 75 grains for adults, according to the strength of the patient and the severity of the disease. No better results were obtained from 200 grains or over than were obtained from 60 to 75 grains. The doses are to be equally divided, and given hourly, except during sleep.

In order not to disgust the patient, the correctives in which this salt is given must be frequently changed, as the administration of this medicament must be continued for some time after all symptoms of the disease have passed off, the author having administered it to two patients uninterruptedly for four and six weeks.—*Revue Thérapeutique. Dec. 15th.* 1888.

CARDIAC FAILURE IN DIPHTHERIA.

At the meeting of the New York Academy of Medicine on November 1st, Dr. J. Lewis Smith read a paper on Sudden Heart Failure in Diphtheria: its Pathology and Treatment. After discussing the various hypotheses advanced to explain this occurrence, such as degeneration of the muscular wall and cardiac thrombosis, Dr. Smith inclined to adopt the theory of deficient innervation, making it indeed a form of diphtheritic paralysis; the frequent association with vomiting and dyspnœa suggesting that the pneumogastric is the nerve implicated. The modern view of diphtheria is, he said, that the systemic infection is due to ptomaines produced on the surface by the microbes that are the cause of the disease; and on this view the neuritis, myelitis, etc., are produced by the same toxic influence. Dr. Loomis believed that heart failure early in the course of the disease was due to the systemic poisoning, and that when heart failure occurred in advanced stages of diphtheria, it was due to peripheral neuritis. Dr. Beverly Robinson contended in favor of the cardiac failure being due to thrombosis and granulofatty degeneration of the walls of the heart. All the speakers agreed as to the paramount importance of disturbing the patient as little as possible. The President, Dr. A. Jacobi, pointed out that paralysis of the muscles of respiration might occasionally be mistaken for cardiac failure in the later stages of diphtheria. He said that alcohol was an invaluable agent in diphtheria, and if he were limited to one remedy he would select it.—*Cincinnati Med. News.*

CHILBLAINS.

An interesting correspondence has recently taken place in the *British Medical Journal* regarding the treatment of chilblains. One correspondent says that the socks or stockings should be of wool and not too thick. They should be thoroughly dry when put on, and changed as soon as they become damp, either from perspiration or moisture leaking through the shoes. For this reason the socks should be changed immediately after taking exercise, and the same shoes or boots should not be put on again unless they are quite dry. The same pair of socks should not be worn for two consecutive days, but each pair should be washed, or at least thoroughly dried, before being worn a second time. On no account are the socks to be allowed to dry on the feet, and the practice of putting the feet before the fire is to be condemned. Chilblains are most prevalent when the weather is both cold and damp. It is important to insist upon regular exercise and a moderate diet, and to sedulously prevent constipation. For the immediate relief of itching nothing is better than soaking in hot water. Iodine is the best