This mixture I have used as frequently in the worst cases as a teaspoonful every hour, during the first day or days of treatment. I have never interfered with the sloughing exudation in any way, only prescribing a gargle or wash containing half a grain of permanganate of potass in an ounce of distilled water, to be used frequently. This may be applied with a sponge or a brush, or inhaled as atomised vapour. I have always tried to get one evacuation daily from the bowels, and have supported the powers of life by wine, soup, milk, &c., as each case seemed to demand. How free such support has occasionally been, one of the cases outlined will show. Lastly, I have always insisted on perfect ventilation of the bedroom by a window opened at the top, so as to insure fresh and pure air to diphtheritic sufferers.—*London Lancet.*

LOCAL APPLICATION OF CHLORAL IN DIPHTHERIA.

Dr. Rokitansky of Innsbruck has used a 50 per ct. solution of chloral hydrate in three cases of diphtheria where the ordinary methods had failed entirely, and was astonished at its striking effect upon the local processes. The solution was applied with a hair pencil every half hour. The pain caused by it was severe in only one case, in which the under surface of the tongue was thickly covered with a diphtheritic deposit. Intense salivation occurred after each application, and in a few minutes the pain ceased entirely.

In two cases, in which the diphtheritic layer partially covered both tonsils, the pencilling scarcely produced a sensation of pain. After three applications of the solution, *i.e*, in an hour and a half, large pieces of the membrane were removed with the pencil, without difficulty. The surface thus exposed was reddened; in the deep portions the finest granular formation were visible. In the two other cases the diphtheritic layer was removed; after two days the surface of the wound had granulated. In the first case the entire process had disappeared after four days. As soon as it was remarked that the normal tissue appeared the solution was gradually weakened, until, after eight days all the treatment could be stopped, since the cure was complete.—*Med. Neuigk.*—*Lancet and Clinic.*

EFFECT OF DIET ON LIQUOR-DRINKING.

Charles Napier, an English scientific man, has been testing the truth of Liebig's theory that liquor-drinking is compatible with animal food, but not with a farinaceous diet. The experiment was tried upon twenty-seven liquor-drinking persons, with results substantiating the Liebig theory. Among the more striking instances of reform brought about by a change of diet was that of a gentleman of sixty, who had been addicted to intemperate habits for thirty-five years, his outbursts averaging once a week. His constitution was so shattered that he had great difficulty in insuring his life. After an attack of delirium tremens, which nearly ended fatally, he was persuaded to enter upon a farinaceous diet, which, we are assured, cured him completely in seven months. He seems to have been very thin at the beginning of the experiment, but at the close of the period named had gained twenty-eight pounds, being then of about the normal weight for a person of his height. Among the articles of food which are specified by Napier as pre-eminent for antagonism to alcohol, are macaroni, haricot beans, dried peas, and lentils, all of which should be well boiled and flavoured with plenty of butter or olive oil. The various garden vegetables are said to be helpful, but a diet mainly composed of them would not resist the tendency to intemperance so effectually as one of macaroni and farinaceous food. From this point of view, highly glutinous bread would be of great utility, but it should not be sour, such acidity being calculated to foster the habit of alcoholic drinking. A like remark may be applied to the use of salted food. If we inquire the cause of a vegetarian's alleged disinclination to alcoholic liquors, we find that the carbonaceous starch contained in the macaroni, beans, or oleaginous aliment appears to render unnecessary, and therefore repulsive, carbon in an alcoholic form.—*Louisville Medical News.*

Langenbeck has performed tracheotomy 700 times in cases of diphtheria. Some years he has saved as high as 40 per cent. and in others only 10 per cent. He lays down the rule that one should operate before signs of extreme dyspnœa and blood-poisoning set in.