

noon of the 30th Dr. W. W. Ogden saw her with me; the same general management of the case being continued. On the evening of this day she succeeded in swallowing a little, and told me she could feel the brandy and water go down to the stomach. During the night and the ensuing day, 1st October, she continued to swallow. On the 2nd October her symptoms again became very bad, having lost all power to swallow a second time. This afternoon Dr. J. E. Graham saw the case with me. By this time the left lung was involved throughout, and the lower half of the right. The heart was also extremely weak. She had ζj Tr. digitalis by enema, which was retained. The heart improved a little, but she lapsed again, and died during the night.

Now what was the pathology in this case? My own opinion was that it was mainly a peripheral ascending neuritis. While ill with the diphtheria she had decided albuminuria. From this she completely recovered. She had, in the interval of the two attacks, been well enough to go to Bradford and spend a week with her mother with comfort and enjoyment, and was doing her own housework up to the date of her going to the exhibition. From these facts I am slow to admit that the cause of the paralysis was really essential to the disease or toxic in its nature, though I believe this to be a true cause in some cases. I am also inclined to think that the anæmia remaining from the primary illness had no small share in the causation by at least weakening the tissues and favoring the extension of the inflammation. The neuritic view was strengthened by the good, though temporary, results of the counter-irritation, and was finally established by a post mortem examination of the nerve tissue taken from the neck. That profound anæmia may, in some cases, give rise to paralysis, I know. I have on one occasion produced symptoms of a true paralysis by keeping a young dog in a condition of great anæmia by daily bleedings, extending over a period of two months. In a case of cirrhosis of the stomach, which once came under my notice, there was a very extreme degree of anæmia; and with it evidence of some paralysis, other than the debility accompanying the condition of the patient.

* A few remarks must now be made on the condition of albuminuria, which is so frequently present. Of my 53 cases, albumen was found in the urine of 39. Every specimen was tested by the four different methods of heat, nitric acid, Dr. George Johnson, and Dr. Oliver. The albumen was small in amount in 11 cases, medium in 13, and abundant in 15.

With regard to remedies, the following observations and suggestions are thrown out. In the first place, I would unhesitatingly condemn the use of chlorate of potash, and for the simple reason that in every case where given, it increased the amount of albumen in the urine. This observation has been also made in scarlatina. Now for chlorate of potash to do any good, it must be given freely, and the more freely the greater the danger arising from its use.

Quinine does not seem to have any special action, other than the merely tonic one. To give it in doses sufficiently large to act on the system, as a general antiseptic, it would be altogether too depressing; while in small doses it is almost useless.

The only other constitutional remedy to be mentioned is the tinct. ferri perchlor. In this there is nothing new, unless it be in the mode of giving it. For a patient of ten years, I order:

R Tr. ferri perchlor. ζi
Syr. simplicis. $\zeta i i i$

Of this one teaspoonful is given in water every hour. If any irritation is produced in the stomach, give half the dose every half-hour. If the case be at all adynamic, the chances are that the dose can be increased rather than lessened. One little patient aged seven months, with great prostration, took every hour one teaspoonful of the following:

R Tr. ferri perchlor. $\zeta i i$
Syr. simp. ad. $\zeta i v$

This would be mins. $3\frac{1}{2}$ for each dose, or about one drachm-doses for an adult. In another case, that of a married lady, aged 22 years, with a very excessive formation of membrane, marked prostration, and great fetor, one ounce and a half tr. ferri perchlor. were consumed every twenty-four hours for some ten