

into a dirty livid or cyanotic color is to be viewed as an unfavorable symptom. The author only rarely saw gangrene of the skin, but on the other hand subcutaneous abscesses were proportionately frequent during convalescence. In two cases of scarlatina without exanthem no form of desquamation was noticed, but two cases of true scarlatina recidivous were met with. Desquamation of the epidermis followed these secondary attacks like the first.

In regard to treatment where stimulants were indicated, the author gave preference to wine, brandy, coffee in large doses, camphor and musk. If deglutition is impossible through enormous swelling of the fauces nutritive clysters are employed together with hypodermic injection of camphor, as oil of camphor or in the following form: Camphoræ trit., gr. ix., spirit vin. rect., aq. dist. aa gtt. iv. M. Sig: Inject a syringe full. Where an antipyretic treatment seemed advisable lukewarm baths were employed (24° C. 75° F.) since in consequence of too energetic cold bathing he feared collapse in scarlet fever. He also employed cold sponging, or hydropathic envelopment of the whole body.—*Charité-Annalen*, 3 Jahrg. 1878.—*Deutsch. Ztschr. f. Pract. Med.* No. 23, 1878.—*Allg. Med. Cent. Zeit.*, June 19, 1878.

THE TREATMENT OF DIPHThERIA.

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In this paper will be presented the method and the results of the treatment of diphtheria in the north district of Demilt Dispensary during the past three years, with some accompanying observations and corroborative facts. This will necessarily include a brief recapitulation of some statements that have previously been published (*Transactions of the New York Academy of Medicine for 1876*, page 286). Except in the form of brief abstracts, they have come into the hands of only a comparatively limited number of the profession. It may, perhaps, be admitted that their practical importance renders them worthy of general consideration.

In 1869 I was appointed (out-door) visiting physician to Demilt Dispensary. I had previously become, by some sad experiences, intensely interested in the problem involved in diphtheria—a problem in regard to which the confusion of the young practitioner could only be “worse confounded” by the chaos of conflicting solutions afforded by the literature of the subject. I therefore eagerly availed myself of the opportunities of studying it which occurred in increasing numbers each year in this service.

I indulge in so much of personal history to show that the beliefs and the practice with which I was prepared to encounter the great epidemic of 1875 were no recently formed conclusions—

bore no relation to any theories of others, “bacterian” or otherwise; but rested on the solid basis of induction from independent, careful, and oft-repeated clinical observations.

The most important of these beliefs was that diphtheria is, to all practical intents at least, primarily a local disease, becoming constitutional only by absorption. Some of my reasons for this belief may be found in the paper above referred to; others, in the *New York Medical Record*, March 3, 1877, page 140, and still others may at some future time be published.

This view suggested the development of an appropriate method of treatment, and was in turn corroborated by its results—as strikingly in cases of failure as in those of success.

I shall first present the method of treatment. Simple as it is, it was the result of many anxious trials of a variety of agents in various combinations through alternate success and failure for several years preceding 1875.

That I had, during this period, ample opportunities to become familiar with the *diagnosis* of the disease in question, will hardly be disputed.

For the *rationale* of the employment of these combinations I must refer the reader to my previously published paper.

FORMULÆ.

No. 1. *Iron and Glycerine Mixture.*

R. Tinct. ferri chloridi.....fl. 3 i.—3 iss.
Glycerinæ,
Aquæ.....aa fl. 3 i.

No. 2. *Chlorate of Potash Mixture.*

R. Potassæ chloratis.....3 ss.—3 i.
Glycerinæ.....fl. 3 ss.
Aquæ calcis.....fl. 3 ijss.
M.

The weaker strength indicated of both mixtures is the one I generally employ.

I formerly used for a time and published as a substitute for No. 2, a combination of salicylic acid, ℥i.; sulphite of soda, 3 i.; glycerine, 3 ss.; water, 3 ijss. As this is less pleasant than No. 2, and probably no more efficacious, I have discontinued its use.

No. 3. *Spray Mixture.*

R. Acidi carbolic.....℥ xv.
Aquæ calcis.....fl. 3 vi.
M.

To be used with a small hand atomizer, which I much prefer to the steam apparatus. Codman & Shurtleff's No. 56 is the most convenient. This mixture is more pleasant and less irritating, and probably more efficacious, than the more complex and stronger ones which have lately been much used. It is of unquestionable utility in