

ner have great confidence in arsenic, and we certainly hope much from it. In this locality, a type of the disease has prevailed more putrid in its tendencies and rapidly gangrenous than any we have seen described in all our reading. It has been our good fortune to lose but one in ten. In view of all the circumstances, we think this speaks well for the remedies employed. When we hear of physicians having hundreds of cases, and losing none—using only simple remedies—we know they have not seen the disease at all, or at least not in its severer forms.

Dr. White, of St. Louis, suggests the *iodide of potassium* as probably the most important alternative in diphtheria. We remember having seen the same suggestion before, but do not now call to mind by whom it was made. We have never given this article a trial in this disease, and can say nothing experimentally.—*Medical and Surgical Reporter*.

EPIDEMIC NIGHT-BLINDNESS.

Hemeralopia, almost unknown to civilians, is frequently observed in the army, and assumes in general an epidemic form. Dr. Baizeau carefully watched an epidemic of this description in 1856 at Lyons, among the soldiers of the 58th regiment of infantry, which he had charge of. The disease set in on the 28th of March, and during the month of April a great many cases occurred. The division was moved on the 16th of May to the camp of Sathonay: here nocturnal blindness soon became much more frequent, ceased at the end of the month, but reappeared after a few days. The regiment marched to Marseilles, hemeralopia followed, but exclusively attacked two companies under canvass. At the approach of winter, this inconvenient guest took his departure, but returned in the second fortnight of the new year. In April and May, 1857, Dr. Baizeau again had an opportunity of observing the disease in the army of Paris; after having followed a very irregular course, the epidemic at last yielded in July, 1858, since when but few cases have been noticed among the troops.

Hemeralopia is not in itself a dangerous affection, and seldom endangers vision, but it may entail serious consequences for men to whom the guard of an important post is assigned at night, or who may be required to march or take a part in offensive or defensive operations. General Bazaine, who was appointed Governor of Sebastopol after the capture of that city, has stated that so many men were then affected with night-blindness, that several regiments were so reduced as to be unable to supply the usual guards. Dupont in 1762 reported that the regiment of Picardy was attacked with this malady at Strasburg, and that several sentinels fell into the ditches at night. Accidents of a similar character have been noted during the numberless epidemics observed at various periods in French and foreign armies. Nocturnal blindness is not special to the land forces, but is also met with among marines and sailors. In September, 1847, the Rev. Mr. Coquerel had an opportunity of observing an epidemic of this description on board the *Belle-Poule* frigate, in the latitude of Madagascar, one hundred perfectly healthy sailors being affected in succession. It is not unimportant to remark that all those who have noticed night-blindness, whether at sea or on shore, Bamfield, Poulain, Biard, Valette, Bégin, &c., agree in stating that officers and non-commissioned officers escape the disease. Dr. Baizeau, out of upwards of three hundred cases, met with it only twice in officers; corporals, drummers, musicians, and non-combatant rank and file enjoy this immunity. The author shows that of all causes, sudden changes of temperature are the most powerful in producing night-blindness. Thus, soldiers and sailors, exposed during night-duty to a cold atmosphere, after having endured in the day the heat of the sun, are much more frequently affected than from re-