

The calculi are driven through the ureter by the accumulation of urine behind them. The urine furnishes the *vis a tergo* without which no possible relaxation of the ureter will allow a calculus of any considerable size to roll through it.

It is true that the very hot bath, the profuse perspiration, and the opium, relieve "the paroxysmal colic ; but if the impacted stone is large it is a dangerous relief—it is bought too dear.

The opium benumbs the sensibility of the patient, the profuse perspiration checks the excretion of the urine, destroys for a time its *vis a tergo*, and the patient is lulled for the moment ; and because the stone is not being forced onward. Thus is the patient subjected to the risks of ulceration from impaction, and perhaps death from exhaustion or perforation. As we have no means of measuring the size of the stone when called to treat a case of a renal colic, our treatment should not be to prolong its passage. And this is exactly what we do with the hot bath and profuse perspiration, and what caused the calculus in my partner's case to be ten days passing. A few days since I was called to see a Mr. Barton, who was thought to be dying. I found him in bed in great agony, bathed in perspiration, intense pain in the side, shooting down the track of the ureter to the bladder and testicle, with severe pain in the head of the penis.

Immediately recognizing that the *lapis infernalis* had started on its journey, I gave one grain of morphine subcutaneously ; ordered him to get up and dress in his wrapper, and walk the floor. Had prepared for him a pitcher of flax-seed tea, with cream of tartar, ice cold, and ordered him to walk and drink and drink and walk, and to rub his side downwards along the line of the ureter, with orders to use a suppository—Morph. sulph. gr. ss., ext. hyoscy. gr. v. ol. theobrom. q. s.—every second hour while the pain continued. In two hours we had the gratification of seeing a good sized stone. I made him walk because one can endure pain better while walking than when lying in bed, also to get the advantage of gravitation, and that the jar of walking might assist the descent of the stone : the flax-seed tea with cream of tartar ice cold, to cause diuresis and supply the

vis a tergo ; the morphia to enable him to endure the pain of the dilatation of the ureter, the pressure of the urine, and the passage of the stone. This I claim is the rational treatment for renal colic.—*Practitioner*.

LOCAL TREATMENT OF DIPHTHERIA.

The local application of iodine acts not only as a caustic, but, I believe, confers a modifying influence upon the secreting structure, and further brings into action the power of the absorbents ; thus tending to retard the spread of the membrane and to promote the removal of that which is formed. I am aware that, in urging this treatment, I am at issue with many who contend that this disease being a general one, depending upon certain changes in the blood by the introduction of a specific disease-poison, it is useless to attack the local manifestation of the disease any more than the pustules of small-pox. To those I would call attention to John Hunter's axiom, that two similar diseases cannot co-exist in the system at the same time. For example, he states that, if you can succeed in changing the nature of an inflammation you can often cure the original complaint. Higginbottom's method of arresting the spread of erysipelas by vesication with nitrate of silver is a familiar illustration of this Hunterian law ; and if that treatment be effectual in erysipelas, why should not a similar treatment be equally efficacious in diphtheria ? Again, I believe that the local manifestation of blood-poison is of itself a great indication of treatment ; for do not all poisons have some definite and specific action on some membrane or organ ? Thus, does not arsenic exert its influence chiefly on the mucous membrane of the stomach ; colchicum on the ligaments ; cantharides on the kidneys ; and strychnine on the spinal cord ? Then why should not the throat be the chief seat of the diphtheritic poison, and if so, why should not the rational treatment be to arrest and destroy it at its first encampment ? Again, if my experience be correct, that one of the most formidable symptoms we meet with is the extension of the membrane to the nares and trachea ; and, if my opinion be correct, that it does not arise there by an independent centre, but by the extension