seem to be of distinct value. If the writer were to be shut down to the use of one drug in this affection, it would undoubtedly be antipyrine, in 5 to 10 grain doses every four or six hours. Its action upon the violently itching and frequently recurring local lesion is often very marked, and is probably due to its effect upon the vasomotor nerves of the skin, upon disturbance of which the exudation into the corium depends. Other sedatives such as the bromides, gelsemium, bismuth, belladonna, ether, chloral, chloroform, have all been recommended, and in some cases found useful. Lassar speaks highly of sodium salicylate in 20 or 25 grain doses every two hours.

Local treatment, even if it were placebo, cannot be neglected. It is of distinct advantage however; cold water, carbolic acid lotion, one part in 20 to 60 of cold water, lotions either strongly acid, as lemon juice or vinegar and water, or strongly alkaline, are often very grateful to the patient. Sometimes ointments are better, as of camphor and chloral, with carbolic acid, ungt. aq. ros., or ceratum galeni, the ordinary benzoated oxide of zinc ointment, or 20 grains of acetanilide to the ounce of vaseline or any other ordinary excipient. Other local applications are menthol, cocaine, naphthol, belladonna, or ichthyol ointment.

The "diathesis" of the patient must be thoroughly investigated, especially if the disease is inclined to be chronic, and gout, rheumatism, or malaria if possible driven from the field. Cases benefited by quinine are probably malarial in origin. Dietetic errors, if habitual, must be pointed out and corrected. The writer cannot refrain from mentioning, before closing, a case of urticaria of the respiratory mucosa recently seen by him. A baker working in an underground bakeshop, which was lighted by gas, and probably as unhygienic as most such places are, had on three occasions been seized suddenly by a sense of itching and tightness in the respiratory passages, which lasted two or three hours and gradually passed off. On the first two occasions he consulted a physician in the city, who told him that it was due to gas poisoning, although the patient had told him that he had noticed that the attacks came each time after he had eaten some old cheese. Even this "tip" did not prevent the physician withdrawing blood from the patient, submitting it to microscopic examination, and gravely declaring that he found evidence in it of poisoning by gas; a curious instance of the possible vagaries of the human mind.

SOME CLINICAL POINTS IN DIPHTHERIA.

Diphtheria, a disease ever of great interest to the medical profession, but more so of late since the introduction of antitoxine, possesses some interesting clinical points which have not received due consideration in text books dealing with this subject.

The temperature in diphtheria is generally reported to possess nothing very characteristic and to depend entirely on the local condition, the extent and situation of the surface involved, and the character of the infection, whether simple or mixed.

This we believe to be true in so far as it goes, but on examining a number of charts of cases of all degrees of severity, we have found in a large proportion of them (about sixty-five per cent.) a secondary rise of temperature, occurring at about the end of the first week of the disease.

The patients were generally admitted to the hospital on or about the second or third day of the disease, with temperature varying from 99° to 104°, the average being about 101°. During the first three or four days subsequent to admission the temperature gradually fell to normal or nearly so, providing no complication existed to disturb the natural course of events, and then after remaining stationary for from twenty-four to thirty-six or forty-eight hours, rose suddenly to a point varying from 100° to 103°, falling to normal again in from one to three days. A peculiar feature noticed in connection with this secondary rise was, that of four patients whose temperatures reached 102° or over, three died from "heart-failure."

No constant relation appeared to exist between the height of the primary and secondary fevers. So far as could be discovered, no special local or general condition was constantly present during this rise. In some the throat was clean, so far as could be seen, in others membrane was still present; the cervial glands were sometimes much enlarged, in others they were small; constipation occasionally existed, but more frequently the bowels were in good condition; and the patients, as a rule, beyond some malaise with slight anorexia, seemed but little affected by the recurrence of the fever.