

under our observation, and we must say we are not satisfied as to its curative properties. Certain are we, that we have never lost a case in which the chlorate of potash was not liberally used from the beginning. Though it may be a valuable remedy, *it is not capable of saving all cases*, even when aided and supported by other appropriate remedies.

Our readers may remember that in the *REPORTER* for September 14th we referred to the opinions of Dr. N. E. Jones, of Circleville, Ohio, as published in the *St. Louis Medical and Surgical Journal* for May. He regards belladonna as a valuable remedy in diphtheria, and gives the following as his conclusions:—

“1st. Belladonna given to intoxication arrests membranous exudation.

“2nd. Given early in the febrile stage, cures by resolution.

“3d. Causes softening and detachment of exudation in an unusually short space of time.”

Upon this point, in the *St. Louis Medical and Surgical Journal* for July, Dr. E. W. White remarked:—

“Exudations are respectively euplastic, cacoplastic, or aplastic. In the case of croup, the formation may be plastic, highly fibrinous; in scarlatina, almost entirely aplastic, sero-albuminous, and tending to putrefaction. Diphtheria appears to rank between the two, the effusion being either fibrinous, when the attack is acute and sthenic, or fibro-albuminoid; or, indeed, if slow, insidious, and asthenic in its approach, the effusion may be sero-albuminoid. Now, we cannot understand how belladonna can exert any beneficial effect in such diphtheria, where all antiphlogistics or sedatives are injurious. *We need stimulants from the beginning.* If it be true that malignant diphtheria, scarlatina, and croup are blood diseases, a narcotic is certainly not indicated—alteratives are needed. *I think iodide of potassium has probably the highest claim.* It has always been used with benefit in the sloughing, mercurial sore-throat, a condition almost identical with that of diphtheritic ulceration. Mercury would be, for this reason, a bad remedy, especially after the acute stage had passed. Iron and alkalies are the great constitutional means. Diphtheria is a true blood disease, and I would use stimulants to elevate the nervous power, while I would use alteratives and tonics to cure the blood disease. It would appear, therefore, irrational empiricism to administer belladonna ‘*to intoxication*’ in these diseases.”

Of belladonna in diphtheria we cannot speak favorably; and, though the chlorate of potash may be a valuable remedy, there are many cases to which it is not adequate to the cure.

Our brother-in-law, Dr. L. V. Axtell, of Jamestown, N. Y., whose experience is quite large in this disease, speaks very highly of *arsenic* in diphtheria. In adults, he would give *Fowler's solution* in ten-drop doses, and repeat every *four* or *six* hours during the disease. He says the proportion of deaths to his whole number of cases has been greatly diminished since he commenced the administration of this remedy. He also believes that the foetor of the breath has been greatly diminished under this kind of medication. It is proper to observe that he has not neglected ordinary instrumentalities—quinine, iron, chlorate of potash, etc., have been used as heretofore.

Theoretically, we should expect benefit from it. A remedy so powerfully antiseptic, and tonic besides, should be of service in a disease so strongly septic as is diphtheria in its severer forms, as well as in some other difficulties of a similar character.

We have used the remedy in our last ten cases, and we were rapidly acquiring a favorable opinion of it, when we suddenly lost two cases, both in one day. They were, however, terrible cases, septic to the last degree, and it was probably no fault of the medicine that the patients died. In so severe a disease as diphtheria, it is not probable that a specific will be found. Dr. Axtell and his part-