

treatment, but the following mixture, applied by a large camel's hair pencil, is also very effectual, immediately converting the pseudo-membrane into an inert mass, and putting a stop to all movements of the bacteria which swarm in it, as I have observed under the microscope:—

R. Acid. carbolic. gtt. viij; liq. ferri sub-sulphat. ʒij-ij; glycerinæ, ʒj. Misce.

This may be used two or three times daily, between the spraying, or oftener without the spraying. It is not irritating (such an effect would condemn it), but it is dreaded by most children, on account of the unpleasant "puckering" which it produces.

That form of diphtheritic inflammation which most imperatively requires local treatment, and in which local measures are of more importance than the constitutional, is obviously the laryngitis. Catarrhal laryngitis sometimes occurs in diphtheria, as I have had the opportunity to observe in the dead-house, without producing any marked symptoms, but the pseudo-membranous laryngitis of diphtheria is also common, and, as all know, is one of the most dangerous forms of disease.

But those who observe carefully the effects of the spray (lime-water being used in the atomizer, as the most powerful solvent which can be safely employed) must admit that it is the most effectual agent at our command, for treating this very fatal affection.

Even mild cases of diphtheritic laryngitis may end fatally by systemic infection after the obstruction in the larynx is removed as in the above case, in which tracheotomy was performed, although the temperature during the period of the dyspnoea had been constantly under 100°.

Unless in comparatively rare instances, there is only one other diphtheritic inflammation which requires especial treatment, namely, that affecting the Schneiderian membrane. This membrane, in sensitiveness and liability to irritation, is intermediate between the conjunctiva and buccal or faucial membrane, and, therefore, when inflamed it requires milder applications than such as are appropriate for the fauces. Applications suitable for the fauces would, if thrown into the nostrils be,

too painful, and might increase the inflammation. I know no better treatment of the nostrils, than to inject with a small syringe one to two teaspoonfuls of the following mixture every third or fourth hour. It should be used at the temperature of the body, with the head thrown back and the eyes covered with a cloth: Acid. carbolic. gtt. xxiv; glycerinæ, ʒij; aque, ʒvj.—*American Journal of Medical Sciences.*

SALICYLATES IN DIABETES.—Dr. Muller Warnech, of Kiel (*Berlin. Klin. Wochensh.*), has tried the salicylate of soda in two cases of diabetes mellitus, and finds:—

1. That it removes the symptoms, though not always permanently.
2. The symptoms disappear the more rapidly the larger the dose.
3. In moderate doses (9 or 10 grammes daily), its influence soon becomes exhausted, but larger daily doses (14 to 16 grammes) exert an increasing effect on the diabetes.
4. Salicylate of soda can be used without disturbance of the general health for a long time in diabetes. Any symptoms of poisoning at once disappear on stopping the medicine for a time.
5. Salicylate of soda has only a slight irritating effect, even if given for a long time, on the kidneys.

Sebstein, of Gillingen, used it in diabetes in 1876, with great benefit.—*Med. and Surg. Reporter.*

EVACUATION OF PUS FROM THE PLEURA BY INVERSION OF THE BODY.—Dr. Raynaud has tried with success the following method: A girl, fifteen years of age, convalescing from typhoid fever, contracted a purulent pleurisy, and after a time there was pulmonary perforation followed by a considerable vomica. The expectoration was insufficient to empty the liquid contained in the pleura, and in consequence the general condition became constantly worse. Dr. Raynaud then placed the child with her head below the border of the bed, and this manœuvre was followed by an abundant expectoration. This process, repeated several times, emptied the pleura of its purulent contents, and the child rapidly recovered its strength and was soon quite well.—*N. Y. Med. Journal.*