

## PERISCOPIC DEPARTMENT.

## MEDICINE.

## DIPHThERIA.

In the *Ohio Medical and Surgical Journal* for August, Dr. E. L. Plympton, of Centreville, Ohio, has an article upon diphtheria, from which we make an extract or two, and upon which we propose to base a remark.

Dr. Plympton's experience early led him to the following conclusions:—

1st. "That diphtheria is as much a blood disease as small-pox. 2nd. That it should be treated with such hematic remedies as have a tendency to correct this morbid condition. 3d. That the treatment, to be effective, must be commenced either before or early in the active stage of the disease, and that it is useless to waste much time or trouble in treating the local affection of the throat. Acting upon these conclusions, I have, in every case, placed my principal reliance upon some combination of chlorine, and mainly upon the chlorate of potash, commencing usually with a mild mercurial cathartic, oftener using the hyd. c. creta than any other. To a child five years of age, I give enough of the saturated solution of the chlorate to contain three or four grains, and repeat the dose every three hours during the career of the disease; and to patients older or younger, in relative proportions. When the child is capable of gargling, I have him use one mouthful as a gargle, for the purpose of washing out the loose excretions of the throat, and then immediately swallow the prescribed dose. I have repeatedly pencilled the throat with the nitrate of silver and tincture of iodine without any very satisfactory results."

In regard to removing the exudative membranes our opinions have been previously expressed; and, though we differ in this regard with most authorities, we find support in our friend's opinion. He says:—

"I can see no more philosophy in removing the membranous exudation with the expectation of mitigating or cutting short the disease, than I can in removing the pustules of variola with the expectation of safely terminating that disease. The one is as much an element of systemic disease as the other. If the diphtherial exudation be in the air-passages below the epiglottis, the caustic swab will stand a poor chance of removing it in season to save the patient; if the exudation be above, it will not be much in the way of his recovery."

This opinion is almost exactly what we have expressed on a former occasion.

At the head of all remedial agents in diphtheria, Dr. Plympton places the chlorate of potash, and he says:—

"I not only have faith in it as a *curative* remedy, but as a *prophylactic*."

Bearing upon the subject of its prophylactic powers, we will quote an idea from Dr. S. H. Smith, of New York. In the *American Medical Times*, for June 8th, speaking of the chlorate of potash in *typhoid fever*, he says:—

"I have settled down into the conviction that its greatest value in such cases is as a prophylactic. Given in conjunction with quinine and mild aperients, I have seen it repeatedly stave off attacks of fever during epidemics, even of 'Irish emigrant' or 'ship' fever; the premature laying aside of the medicine being followed by immediate return of the threatening symptoms, again to be dispersed by a recurrence to its use."

We are inclined to attribute the prophylactic powers of this combination largely to the quinine, yet we give the opinion of Dr. Smith as it stands. It must be admitted that there are some points of strong resemblance between typhoid fever and diphtheria.

We have used the chlorate of potash in every case of diphtheria that has come