

for old or feeble persons champagne will often serve the same purpose. But the most satisfactory way to reduce the cough of chronic phthisis is by counter-irritation to the chest-wall—best by blistering. It will be found that relief will follow in proportion to the amount of serum drawn by vesication, and fly-blisters or acetum cantharidis, or the strong, but very efficient, liquor epispasticus, answer the purpose. Night-sweats, when they are a mere flux from the vessels or lymphatics, and not a relief of pyrexial processes, ought to be checked, and this can generally be done by arseniate of iron, $\frac{1}{8}$ grain to $\frac{1}{2}$ grain (0.01 to 0.02 gramme) at bedtime; picROTOXIN, $\frac{1}{60}$ grain to $\frac{1}{30}$ grain (0.0013 to 0.0026 gramme); or nitrate of pilocarpine, $\frac{1}{20}$ grain (0.003 gramme); or the old-fashioned oxide of zinc in from 3-grain to 5-grain (0.2 to 0.32 gramme) doses, which generally succeed and do no harm. Preparations of belladonna and atropine, though they are effectual controllers of night-sweats, are less satisfactory, because their continuance for a long period often induces dryness of throat and mouth, dilatation of the pupils, and disturbance of accommodation. The treatment of pyrexia depends very much on its cause. Where it accompanies tuberculization, it probably will subside of itself when the tuberculous process becomes quiescent, and even if persistent will only prevail in the afternoon. An effervescing saline, with a few drops of tincture of aconite or a few grains of quinine, is all that is then wanted. But pyrexia accompanying acute excavation, or acute excavation and tuberculization, is very troublesome and sometimes quite intractable. Antipyretics only give temporary relief, and often do harm by depressing the patient's constitutional powers and producing collapse. The great object is to keep the patient quiet in bed or lying on a couch, and, if possible, in the open air; to feed him frequently; and to supply alcohol to repair tissue-waste, while administering only sufficient antipyretics to keep the temperature within moderate bounds. Quinine in small doses in effervescence before or during the rise of temperature will often suffice, or Henn's well-known pill twice a day. The diarrhoea which accompanies tuberculous ulceration may be checked by sulphate of copper and opium if the ulcerative process be limited in extent, but if there is much ulceration, and the ileum and large intestine are involved, injections are best. The enema opii of the British Pharmacopoeia is excellent, but some most obstinate cases yield to large injections of lin seed-tea, which has a most soothing influence on the irritable ulcers.—*Lancet*, November 3, 1894.

EIGHTH INTERNATIONAL CONGRESS OF DEMOGRAPHY AND HYGIENE.

DIPHTHERIA.—Professor Loeffler, of Greifswald, President of the German Committee on

Diphtheria, stated that the etiological importance of the diphtheria bacillus was no longer open to doubt. Certain other affections of the upper respiratory tract present the same clinical picture as true diphtheria, and may have the same evolution; hence statistics of an epidemic of diphtheria and the character of such an epidemic have no positive value unless the differential diagnosis has been made by bacteriological examination. The progress of epidemic diphtheria depends (1) upon the number and virulence of the diphtheria bacilli; (2) upon the pathogenic or non-pathogenic bacteria associated with the diphtheria bacillus, increasing its virulence or weakening the organism by their products; (3) upon individual predisposition. The diphtheria bacillus may be found in the nose or mouth of healthy individuals without causing any lesion whatever, producing disease only when it becomes fixed on the mucous membrane,—a condition favored by previous affections. Atmospheric changes, especially dampness, seems to influence the appearance of diphtheria, which is most frequently transmitted by direct contact, coughing, kissing, hands which have touched the fresh secretion, by food, or linen, and that often after a long period has elapsed.

To prevent as much as possible the spread of the bacilli by the diseased person, local antibacillar treatment should be instituted from the beginning, whenever possible. The most effective means, in the opinion of the speaker, was the use of Behring's antidiphtheric serum.

Dr. Billings, President of the American Committee, believed that the name "pseudodiphtheria" should be reserved for pseudomembranous inflammations of the upper respiratory passages, produced not by the diphtheria bacillus, but by the streptococcus and other bacteria. The mortality of these cases is low, being only 1.7 per cent. in private practice and 25 per cent. in hospitals.

As regards the disappearance of the bacillus, of 752 cases it was absent in 325 three days after the disappearance of the exudate; in the rest it was present from five days to five weeks afterward. In 14 families, with 48 children, where isolation was imperfect or not carried out at all, the bacillus was observed in half the persons, 40 per cent. of whom were afterward affected with diphtheria. In families where the patients were properly isolated, the bacillus was found only in 10 per cent. The inhabitants of an infected house should therefore be regarded as suspects, and, if not isolated, at least frequently examined.

Dr. Edward Scaton, President of the English Committee, remarked that whereas in England, within the last ten years, infectious diseases had diminished as the improvements in drainage had progressed, the contrary was the case with diphtheria, which had greatly increased within the last decade. It was also to be noted