

stances), consisting of fresh meat, bread and occasional farinaceous puddings, taken at intervals of six hours thrice daily.

2nd.—Abstinence from tea, coffee, beer, all hot liquids, and much liquid of any kind; the occasional use at dinner of diluted wine, and more rarely spirits.

3rd.—Cutaneous friction night and morning, with or without cold or tepid sponging, the former being generally ill borne in this class of cases, but when well borne of great service.

4th.—Gradually increasing daily exercise, even to fatigue.

5th.—Avoidance of emotional excitements hot and damp atmospheres, and close rooms.

6th.—The use of astringents and tonics suited to the peculiarities of individual cases. The chief of them are iron, alum, permanganate of iron, gallic acid, sesquichloride of iron, pyrophosphate of iron. These ought to be given in a liquid form, in small and gradually increasing doses and in combination with small doses of nux vomica, which, when it agrees, greatly improves their action. Copaiba is sometimes useful.

7th.—The regulation of the bowel, when needful, by means of rhubarb, soda, and ipecacuan, with or without a little grey powder.

8th.—Counter-irritation to the abdomen.

9th.—In obstinate cases, the injection of astringent solutions into the bowel.—*Lancet*.

ON DIPHTHERIA.

By DR. CHARLES KINGSFORD, Clapton.

Diphtheria may be divided into the *mild* and the *severe* forms.

The mild form, which for the sake of distinction, may be designated the *diphtheritic sore-throat*, is ushered in by a variable amount of feverishness, loss of appetite, and at first only slight pain in swallowing; the tongue presents a thick, white, creamy coat, through which some of the papillæ are visible; the velum palati, uvula, and pharynx are of a bright-red colour; the tonsil glands are much swollen and of the same livid hue, and upon the inner side of one or both of them distinct white patches are seen, which in some instances resemble an exudation from the sulci of the tonsil gland, but more frequently are flat and filmy in appearance, not confined to the tonsils alone, but spread over the uvula and posterior wall of the pharynx. Both the exudation and the filmy deposit adhere tenaciously to the submucous surface, and cannot easily be scraped off. Ulcerative stomatitis not rarely precedes and accompanies this mild form of diphtheria,—indeed, by some, they are considered to be identical; the parotid and submaxillary glands are not much swollen, although one or two enlarged glandulæ concatenatæ may often be detected.

The severe form, or *genuine diphtheria*, is always characterized by a high state of fever, a hot pungent skin, flushed countenance, congested lips, a rapid feeble pulse, a great difficulty in swallowing, and hurried respiration; the tongue is covered by a thick, dirty, yellowish-brown, or some times slaty-coloured coat; the velum palati, uvula, and pharynx are of a deep, dusky, *erysipelatous* redness; the tonsils usually enormously swollen and of the same dark-red colour, but instead of the white patches observed in the mild form, a large ash-coloured membrane is spread over the inner side of one or both tonsils, and also upon the uvula and posterior wall of the pharynx. As the disease advances, the above symptoms increase in severity: the breathing becomes stertorous from mechanical obstruction; deglutition so painful that young children will refuse to swallow even liquids; the saliva dribbles from the mouth, and a foul, acrid discharge often flows from the nares; the pulse becomes more rapid and feeble; the glands of the neck are now swollen and tender, and the voice is hoarse and indistinct; the patient, restless, tosses about in the bed, or else lies on his back in a semi-comatose state. These cases,