

ble, to remove to a certain extent this prejudice, I would state that I have never in a single instance seen any ill effects result from it. I have sent out patients to sleep in the open air who were so far reduced that they could not even ride on horseback, but had to be conveyed in a carriage. The difficulties and annoyances of living in the open air are, I believe, entirely in the imagination. The most agreeable holidays I have ever spent have been whilst camping out with a sensible party of ladies as well as gentlemen, and never have we broken up camp to return to houses without regret by all the members of the party. When ladies are in the party, it is better to have a tent, the front of which must always be fully open at night. During the winter months, the southern part of the State about San Diego or Santa Barbara is the most desirable place for patients, as there are seldom more than a dozen rainy days during the year; but in the summer the coast range of mountains north of San Francisco offers by far the most congenial climate, far better than that of the Sierras, owing to the greater equability of the temperature. From the middle of May to the end of October, as a general thing, living in the open air can be enjoyed without any fear of rain. As the summer heat increases the higher mountains up to 4,000 or 5,000 feet, ensure an agreeable climate, where the thermometer never rises above 85 deg. (this, in the dry air of the mountains, is about the same, as far as our sensations are concerned, as 70 deg. in England), and never descends below 55 deg., ranging generally from 60 deg. to 75 deg. during the twenty-four hours. As a general thing, at a height above 1,500 feet, the camp can be made in pine-woods, and I believe that there is something antiseptic in the exhalations of these trees; certain it is that they impart a most agreeable odour to the air, particularly in warm weather. As for the cost, the expense is slight, as there are no hotel bills to pay; the journey across the continent is now rendered so easy, an invalid can generally support it without inconvenience, and in fact improve during the trip. In the cold weather the trip can be made by the steamer to Colon, and thence to San Diego by the Pacific Mail Company's ships.—*British Med. Journal*, June 3, 1876, p. 687.

#### ON THE TREATMENT OF DIPHTHERIA.

By Sir JOHN ROSE CORMACK, Physician to the Hertford British Hospital of Paris.

The treatment of diphtheria requires to be considerably varied in its details, according to the nature of each case, the constitutional peculiarities of the patient, and the type of the epidemic. There are, however, certain general principles of treatment which must always be acted upon, and the infringement of which may lead to disastrous consequences.

Even a limited experience will teach an observant practitioner not to expect curative results in diphtheria from particular medicines or vaunted formularies of treatment, but to strive to support life by the measures best suited to each case, rationally using medicines as exigencies and opportunities arise, and not in a routine fashion. The first Begbie of Edinburgh, and, I may say, the best physicians who have given their views on this subject to the profession, express themselves to that effect. Begbie, whose skill as a therapist stood very high, concludes the summary of his able and instructive essay on "Diphtheria and its Sequels" in the following sentence:—"Lastly, as we have no specific remedy for diphtheria, the disease and its sequels must be treated on the general principles which regulate our practice in fever, in inflammation, and in nervous disorders of asthenic character."

The treatment of diphtheria may be conveniently discussed under the three heads of *general*, *local*, and that which pertains to the *paralytic affections of convalescence*.

The *general treatment* has to be considered in respect to *atmosphere*, *food*, and *medicines*.

The temperature of the room ought to vary as little as possible, a temperature of about 17° Cent. (63° F.) being maintained. The patient ought to be screened from currents of air, care being taken that free ventilation is not interfered with, and that the air is moistened by a regulated escape of steam from a suitably-contrived kettle. The arrangement adopted in the case of E. G. answered very well. Nothing can be better for the purpose required than Dr. Pretty's kettle, which is thus described by Sir William Jenner:—"This is a tin kettle with a small aperture at the top, closed by a screw instead of a common lid. From the front of the kettle project two spouts of about three feet in length. One spout springs from the upper part of the kettle, and passes forward in a straight line; the other spout springs from near the bottom of the kettle, and passes obliquely upwards. The lower spout ends in a spoon-like projection, just under the slightly curved-down open mouth of the upper spout. The steam passes out of the upper spout, and the condensed vapour drops into the little spoon, and is returned by the lower spout to the bottom of the kettle." A thermometer and a steaming-kettle are indispensable in the chamber of the diphtheritic patient. The maintenance of good ventilation, combined with a moist, warm, and equal temperature, is a paramount necessity when tracheotomy has been performed; and in all cases, and in all stages of the disease, in which there exists diphtheritic sore-throat, it is important, as a means of moderating the paroxysms of glotto-laryngeal spasm, that the patient inhale air which is soft, warm, and equable in temperature. Even in the rare cases in which the throat affection is absent,