

ailments and what their only cure. When a lady has once constituted her medical attendant her father-confessor it is marvellous with what assurance she will on each repetition of an outbreak confide to him the cause.

Need anything be said about remedies in such a case? The bane and antidote are both before her. The water she mixes with her brandy (for, sad to say high-born women are not above this vulgar drink!) will, if taken pure and simple, soon cast out the evil spirit; but unfortunately it requires a steadier hand and a stronger will than hers to pour it out and convey it to her lips; and if she will not consent to place herself under some restriction, such as that of a sensible friend or a trained nurse, it will be found that all attempts at amendment, however sincere and well-directed, will be frustrated by a constant turning aside from the use to the abuse of stimulants. The approved remedies, ice, effervescing draughts of soda-water and of citrates of potash and ammonia, bismuth and prussic acid, will, so long as stimulant is refrained from, afford relief; and sometimes under the attacks of horrible depression, from which the dipsomaniac is wont to suffer, dry champagne or brandy and soda-water will be required, but nothing short of total abstinence will effect a permanent cure. It is so much easier to give utterances to promises of amendment when sick than to carry them out when hale, that we may expect the most solemn assurances to be again and again broken, until the patient declines from the pitiable condition of the occasional toper into the disgusting state of the confirmed drunkard. Meanwhile all the resources of therapeutics will have been exhausted; treatment which has proved beneficial in one attack fails in the next, and we run through over an over again in every possible combination the catalogue of effervescing salines, opiates, belladonna, creosote, bismuth, and so on; we apply cataplasms and wet compresses to the epigastrium, or more powerful still blisters (which not inappropriately carry with them some punishment), and sometimes sprinkle morphia in half-grain doses over the vesicated surface, or use the more trustworthy hypodermic injection of the same. If she be warned in time and amend before it be too late iron combined with ammonia will serve as a temporary substitute for the alcohol until such time as the nervous forces be restored, and *nux vomica* will be found to materially assist the flagging energies of the digestive and nervous systems.—*Guy's Hospital Reports*, 1875, p. 486.

ADMINISTRATION OF CASTOR-OIL.

M. Potain recommends as the best method of concealing the unpleasant flavor of castor-oil to squeeze half an orange into a glass and pour the oil upon it; then, avoiding all disturbance of the liquids, to squeeze the juice from the other half of the orange carefully over it. The oil thus inclosed between two layers of orange-juice can be swallowed without the least perception of its flavor.—*American Practitioner*.

DIPHTHERITIC PARALYSIS.

Prof. Bouchut, in a Clinical Lecture delivered at the Hôpital des Enfants Malades, said he had long been of opinion that the paralyzes observed during the convalescence from diphtheria are a result of anæmia, hydræmia, or "*hypoglobulie*." This is, however, a theory that is open for reconsideration. Others regard them as specific paralyzes—i. e., connected with an infection of the blood by means of a principle derived from the prior disease; thus admitting paralysis caused by a diphtheritic principle, just as a syphilitic paralysis is connected with a syphilitic diathesis. This, too, is only an hypothesis; and if this theory of the paralysis of convalescence is to be admitted, we shall have to distinguish, besides the diphtheritic paralysis, the pneumonic, the typhoid, the scarlatinal, etc., paralyzes—which is inadmissible. It is in another direction that we should seek for the cause of these paralyzes, and especially the diphtheritic, which is the most serious of them all.

This commences by dysphagia of liquids—i. e., with paralysis of the velum, with return of drinks by the nose, and by *nasonnement*. Then come incomplete amaurosis, and paraplegia, which may become ascendant and attack the diaphragm; and sometimes, hemiplegia, strabismus, etc. When the paralysis attacks the respiratory muscles, death is almost certain. There are cases in which, when the paralysis has become thus general, a singular condition of the patient is brought about, characterized by the dislocation of the limbs and the neck. Thus, I had a little girl in my wards, the subject of pharyngeal paralysis and ascending paraplegia, who was reduced to the state of a supple puppet, her head and four extremities falling without support or resistance in the direction of their gravity. When raised, her head fell backwards or to one side, just like that of a corpse. The case now under consideration is a curious one, being that of a little girl four years of age, whose father and brother died of croup at the same time that she was suffering from diphtheria, with two buboes under the angle of the left lower jaw. She was cured, and eight days afterwards she became the subject of *nasonnement*, without the rejection of drinks by the nose. She had convergent strabismus of the left eye, i. e., paralysis of the external ocular motor; an incomplete paralysis of the diaphragm and of the abdominal muscles, which did not contract under the influence of tickling; and a complete right hemiplegia, extending even to the face, and producing a deviation of the mouth to the left. This is very rare in diphtheritic paralyzes, in which we much oftener meet with paraplegia than with hemiplegia. Under the influence of the induced current, quinine, iron, and wine, continued during a month, the strabismus and hemiplegia have disappeared, and the child will be able to leave the hospital cured.

In twenty-two out of twenty-six cases of diphtheritic paralysis, double neuro-retinitis has been met with, characterized by a flattening and reddish diffusion of the papilla, the edges of which are effaced