inform us right. In the interest of the sick, whom they would benefit, and in justice to the donors, whose trust they would be reluctant to betray, we call on the committee to reconsider their decision.

THE TWIN MEDICAL SERVICES.

WE hear with satisfaction that there are signs of better times for the naval as for the army medical service. It is impossible that so manifest an inequality should be permitted to exist between the privileges and emoluments of the gallant and highly-educated men who serve their country in these two departments with equal devotion and efficiency. Their claims have an equal force. Injustice is always impolicy. To render any service unpopular is the most certain way of destroying its efficiency. Every consideration, therefore, combines at the present time to urge upon the Lords of the Admiralty the necessity of consenting to the issue of a warrant which will grant to the naval medical surgeons rights and privileges similar to those accorded to their *confrères* in the army by the late warrant from the War Office. This includes all those improvements in pay, messing, accommodation, and relative rank which have long been urgently called for at their hands. It would be an act of grace, which would be highly appreciated by the profession and by the service, if the Board of Admiralty were to issue without delay such a rescript, which, it is no secret, has already been prepared for their approval. A full concession of the claims so often urged will alone be entitled to a grateful reception. Any imperfect measure of redress will bear the manifest character of a modicum of reform wrung by force of circumstances from reluctant hands. A full and just recognition of the merits of the service will confer a permanent lustre and a well-deserved popularity upon the present Administration, already remarkable for many valuable reforms. When the necessity for concession arises, or when the generous desire to confer a favour is felt, nothing is more impolitic than unnecessary delay, and we would counsel the authorities to bear in mind the Italian proverb—

“Dono molto aspetato
E venduto non donato.”

THE HOSPITAL CERBERUS.

THERE are those who have a peculiar gift of farsightedness; a mill-stone is notoriously unobstructive to their vision; “purged of its physical imperfections,” their visual nerve is of that gimlet sharpness which can pierce a deal-board. Such men have the faculty of discovering unforeseen relations and surprising affinities; they have intuitively that power of reconstruction in the moral world which Owen derives from sure induction in dealing with the world of antediluvian animals. Given a bone, and he builds up for you a whole skeleton; he deduces its carnivorous character from the structure; the total size he calculates by fixed laws of proportion; the morphological scheme he infers from its characteristics of form. They, too, act upon the slightest hint; on the faintest indication they build up a whole scaffolding of detail. Anything suffices to excite their imagination; a mere nothing is magnified into an imposing entity. Lately an absurd investigation occupied the sitting magistrate at Marylebone Police Court; it concerned the conduct of a dispensary porter, who, it was said, had avenged himself upon a noisy lad by squirting tincture of assafœtida down his throat. The case, however, is described at great length by the reporters of the court as being one of great interest to the medical profession, and as having drawn the attendance of many medical officers of public institutions. This is an obvious absurdity; an exaggerated importance is given to it in all the journals. It can suggest only one point of any interest to medical men, and it is for this only that we allude to it. The conduct of the porter was unjustifiable and *violent*, and there is some reason to fear that it is in great measure a type of the ordinary conduct of his

class and calling. There is a general tendency to roughness and *brusquerie* amongst men of this position, which needs constantly to be kept in check. Every one who has been in the habit of visiting hospitals has probably had his attention drawn to the cool incivility, and sometimes to the oppressive harshness, which hospital porters commonly show to the poor creatures who apply for information and relief, often enough, no doubt, at wrong times and seasons, and not after the prescribed manner. Their office is one which demands more than most others a patient kindness and ready sympathy. Certainly, there is no class of officials who, as a body, are so deficient in these qualities.

BATHS AND BADEN.

TRENCH has popularized the ethnological study of words. We all know now how we may read history in lingual forms, and how the special meaning which finally clings to a word may unfold the story of a national characteristic, an enduring habit of thought, or an impressed custom. A language is the mirror of the thoughts and habits of the people *cui fas est norma loquendi*. If *virtus* came to mean only valour in classic literature, and if *exercitus* denoted an army, it was because valour was the first of Roman virtues, and the martial exercises those which most adorned the Roman citizen.

Medical phraseology has just added a new instance to this gallery of historic examples. The continental baths have acquired a far-extended reputation: everyone knows, too, how universally the amusements of the gambling-table are added to the refreshment of the therapeutic waters. The accessory becomes, in fine, the principal element of success. Baths spring up now where no springs exist: they are watered only by Pactolean streams, mainly from a British source. The rolling of the roulette-wheels supersedes the rush of waters. Bathing costume is inadmissible at these “baden,” and the only possible plunge there is into ruin, and that by the fascinating game of “rouge-et-noir.” Of this order is the new and fashionable winter resort, the Baths of Monaco. Physicians would be puzzled to explain the properties of its waters; it is little more than a fashionable gambling establishment.

Correspondence.

“Audi alteram partem.”

DIPHTHERIA.

(LETTER FROM DR. KINGSFORD.)

To the Editor of THE LANCET.

SIR,—The following remarks upon the symptoms and treatment of Diphtheria arise from clinical observations of nearly a hundred cases.

Diphtheria may be divided in 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 tumid 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, the

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, great difficulty in swallowing, and hurried respiration; the tongue is covered by a thick, dirty, yellowish-brown, or sometimes 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, when fatal, terminate either by rapid prostration of the vital powers, or by an affection simulating croup, from extension of the diphtheritic membrane into the air-passages; in both instances, death is usually preceded by obstinate vomiting, probably the result of inflammation or irritation of the par vagum.

The prognosis must, at all times, be very guarded, but will depend much upon the disease being from the first recognised and energetically treated; for the mild form, if left alone or improperly handled, will quickly pass into genuine diphtheria, when the prognosis becomes more unfavourable, although modified by the duration of the disease, and the age and temperament of the patient.

The treatment is divided into constitutional and local, and varied according to the severity of the case. Even in the mild form, or diphtheritic sore-throat, it will be found advisable, in the first instance, to confine the patient to bed in a well-ventilated room; if the bowels be sluggish, a brisk calomel purge should be given, but under no circumstance should any other antiphlogistic measure be resorted to, but a liberal diet at once enjoined, consisting of strong beef-tea, port wine, jellies, and farinaceous food, which ought to be administered at short intervals, and in moderate quantity. The following draught to be taken every three or four hours:—Chlorate of potass, from ten to thirty grains; dilute hydrochloric acid, ten to thirty minims; decoction of bark or water, half an ounce to an ounce. The dose of the salt and mineral acid to be increased according to the age of the patient. The topical treatment consists of sponging the fauces, two or three times a day, with the compound solution of alum (L. P.), (by means of a piece of soft sponge attached to the end of a pen-holder, or portion of whalebone;) the patient also, if not too young, should gargle frequently with a strong solution of alum. The speedy removal of the white patches, by this local application of alum, renders highly probable the suggestion that the deposit is a fungus.

In treating the severe form, or *genuine diphtheria*, it is most important to guard against being misled by the feverish excitement, and thereby be induced to adopt antiphlogistic remedies. It should be borne in mind, that the fever is the result of a poison analogous in type to adynamic erysipelas; and as it would be unwise to treat the latter disease by lowering the system, so would any depleting means, for the purpose of reducing the fever attending diphtheria, be fraught with danger. The pharynx should be sponged every eight hours with a solution of lunar caustic (sixteen grains to an ounce of distilled water), and for this purpose the sponge, by being easily compressed between the swollen tonsils, will be found preferable to a brush. A most liberal allowance of wine and nutritious diet must be instituted from the first, and the following draught:—Chlorate of potass, from ten to thirty grains; tincture of sesquichloride of iron, ten to thirty minims; syrup, a drachm; water, seven drachms: given every one, two, or three hours, according to the age of the patient and the degree of pyrexia present; the more intense the inflammatory symptoms, the oftener should the draught be exhibited; nourishment also should be given in definite quantities at short intervals. It will happen, not unfrequently, with very young children, that *some time* before the mechanical obstruction precludes deglutition, all voluntary efforts at swallowing will be obstinately resisted, from pain, and disinclination to be aroused. These cases excite the greatest anxiety, as unless a sufficient quantity

of support can be taken, the vital powers must quickly succumb to the influence of the poison. Still all attempts to give medicine or food by the mouth should now be discontinued, and an enema of strong beef-tea and port wine (one ounce of each) be administered, per rectum, *every two hours*; also, for a child above three years old, five grains of quinine should be added to each alternate injection. At bed-time, to procure rest, it may be advisable to add five minims of Battley's sedative. The glysters may be thickened with arrowroot; and, at intervals, milk substituted for the beef-tea and wine. The quantity injected should never exceed two or three ounces at a time (or it will fail to be retained); and hence the necessity for the frequent repetitions. The topical application of the nitrate of silver must be persevered in, and the patient allowed to sip any nutriment he will. By adopting this procedure, time is gained, and life maintained until the virulence of the poison is overcome or exhausted. Mercury, in any form, excepting as a cathartic at the onset of the disease, seems to be especially contra-indicated. Blistering and external stimulants to the neck are worse than useless, by adding to the irritability of the sufferer, without exercising any beneficial or derivative effect upon the fauces.

Tracheotomy, if entertained, should be adopted immediately the croupy symptoms have become established, and not deferred as a *dernier ressort*. The presence of vomiting I should consider sufficient proof that the disease had already advanced too far to warrant any hopes of success from an operation.

It will be observed that the plan of treatment above advocated is based upon that of two analogous affections—viz., ulcerative stomatitis, and acute asthenic erysipelas of the head and neck,—viewing the mild form of the disease as allied to stomatitis, and therefore prescribing the chlorate of potassa with the mineral acid; but regarding diphtheria as a complication of diphtheritic sore-throat with erysipelas, and hence ordering, in addition to the salt, large and frequently-repeated doses of the sesquichloride of iron.

The question of infection is very difficult of solution, yet the rapid spread of the malady in schools, and the recorded deaths of several members of a family from this disease, render it imperative that every precaution be used to prevent its dissemination. In some cases, I have most conclusively traced the origin of the disease to emanations from putrid, stagnant ponds and sewers.

When the affection of the throat assumes the malignant or putrid type, which is recognised by a livid, gangrenous appearance of the tonsils, and by an intolerable factor of the breath, the treatment recommended for genuine diphtheria, with the addition of a gargle consisting of one drachm of liquor chloride of lime and eight ounces of water, will be found most serviceable.

A very serious complication occasionally arises as a sequela to the severe form of diphtheria—viz., paralysis of the muscles of the neck, of the pharynx, and of the larynx. Dr. Gull, who has already drawn attention to this subject, informs me that he has met with a case in which the upper extremity was involved; and this morning I was consulted by Mrs. C—, who was recovering, not only from loss of speech and of deglutition, but also from partial blindness, and paralysis of both arms, the result of this formidable complaint. These cases are to be treated upon tonic principles, by change of air, and those remedies which are calculated to improve the general health. The nervine tonics are especially indicated. When the head falls forward upon the chest, from paralysis of the spinal accessory nerve and cervical plexus, great relief and comfort will be afforded by a collar of soap plaster spread upon leather. Also when, from paralysis of the glosso-pharyngeal nerve, the efforts to swallow are attended by violent fits of choking, all medicines and a large proportion of nourishment must be administered per rectum. Even under the most favourable circumstances, recovery will be slow and gradual; but when the phrenic nerve is implicated, the greatest danger to life is threatened.

In fatal cases the post-mortem examination reveals the ash-coloured membrane spread over the pharynx, extending into the posterior nares and down the œsophagus; but when death is preceded by symptoms of croup, it is found also in the larynx and trachea. Upon detaching this membranous exudation, the sub-mucous surface presents an ecchymosed appearance, but no distinct signs of ulceration.

In conclusion, I would most strongly urge the importance of injections in the treatment of the severer forms of diphtheria; nor ought they to be delayed until the patient is unable to swallow, but administered as soon as he ceases to take a sufficient quantity of nourishment. I would likewise beg to add my conviction, that if a sthenic plan of treatment were adopted

from the very commencement of an attack, the mortality from this now much dreaded affection would be greatly reduced.

I am, Sir, your obedient servant,
Clapton, October 2nd, 1858. CHARLES D. KINGSFORD, M.D.

P.S.—October 15th.—I have only become aware since the above letter was written that Dr. Heslop, of Birmingham, had published somewhat similar views upon the nature of diphtheria, and recommended, as a remedy, large doses of sesquichloride of iron.

(LETTER FROM DR. BLOUNT.)

To the Editor of THE LANCET.

SIR,—Would you permit me to call the attention of the profession to a disease that is prevalent, not only in my own neighbourhood, but, if I am informed aright, all over England, the metropolis and large towns excepted, and which, from the fatality of its course, deserves especial consideration. I speak of diphtheria, to which, excluding all cases that have not the characters of the following definition, (cases which seem to form the majority of those said to be cured,) my present experience would declare as being universally fatal.

Definition.—An inflammatory affection of a low type, characterized by a diphtheric exudation, extending more or less over the fauces, uvula, tonsils, pharynx, larynx, trachea, bronchii, &c., with scarce any difficulty of deglutition, or change of voice, and accompanied by slight febrile symptoms at its commencement, but soon changing into a depressed state, with a thin, weak, rapid pulse. Death by apnoea.

To give its symptoms &c. more in detail. The local affection does not precede, but is accompanied by, the slight febrile action mentioned, occurring mostly with the symptoms of catarrh. On examination, there is a puffy, congested state of all the parts at the back of the throat, the mucous membrane being covered with minute transparent points, like very little drops of water. These do not seem to be characteristic of true diphtheria, as in some cases, especially in adults, an astringent and irritant gargle soon dissipates them. After a few hours, points of white exudation appear, generally commencing on the tonsils; these spreading, soon cover the whole of the mucous membrane with a layer of lymph, having much the appearance as if a thin layer of pie-paste was spread over the parts, the edges being thick and abrupt. This exudation is not adherent by its whole surface, but only by those points (the muciferous opening?) from which it is poured out. There is little or no pain, but some tenderness upon pressure; this indicates, when existing over the trachea, the extension of the exudation into that tube. Deglutition is slightly difficult, but not painful. The voice becomes weaker, but not otherwise altered. Death results from the effects of the exudation, extending into the trachea and bronchi, not from closure of the air-passages. Externally, the swelling is not corresponding to the internal mischief, but it becomes greater as the general debility increases.

The constitutional symptoms seem to be confined to a white-coated tongue; a thin, weak, small, and much-accelerated pulse, 120; skin pallid and cool; gradually increasing debility; occasional vomiting; the passage of highly offensive stools (perhaps the effect of calomel), and in some cases a purpurhagic state of the entire surface of the body.

The duration of the disease is from eight to ten days; it has occurred sporadically, spreading in a manner almost indicating contagion, and has invaded those families whose habitations are close and ill-drained, and where there is more wretchedness from the slovenly carelessness of bad management than from the mere abject poverty of want. It appears to be a disease more peculiar to children; and though at the present time the epidemic tendency is to diseases of the throat, yet true diphtheria forms a disease distinct and apart.

In treatment, the first indication is, evidently, to prevent or arrest the formation of the exudation. I cannot point out any positive method, but believe that constitutional peculiarities must be our guide. There can be no doubt that tonics and stimulants are required early. Examinations of two cases after death have shown that opening the trachea would have been of no avail, nor have the symptoms during life, in any of my cases, indicated the necessity of such a proceeding.

I have written this brief summary, in the hope of drawing remarks from others who have had more opportunity and experience, deferring for some little time the descriptive detail of individual cases, and desiring above all things that the various successful methods should be registered and known.

Bagshot, Oct. 1358.

J. H. BLOUNT, M.D.

CORRECT REGISTRATION.

(LETTER FROM DR. LADD.)

To the Editor of THE LANCET.

SIR,—The subject of obtaining a correct register having occupied much of my attention, the following plan appears to me likely to secure so desirable an object; or, at all events, bring conclusive evidence against any party wilfully falsifying the register.

1st.—Every applicant for registration should fill up and sign a declaration similar to the following, in presence of the Registrar, who should witness and sign the same.

2nd.—He should fill up a preliminary form, or rough register, to serve as a copy for the register, and which should be carefully copied into the latter. This will be necessary to prevent erasures, as mistakes are likely to occur in spelling the names of persons and places.

3rd.—The applicant should sign the register, to be witnessed and signed by the Registrar.

4th.—A photograph of each applicant should be affixed either to the declaration or on the same line as the particulars in the register. Probably the declaration would be the best, as only one book would then be required as evidence in a court of law.

5th.—Each form in the register should be numbered, and should correspond with the numbers of the declaration.

Form of Declaration.

I, _____, hereby solemnly declare that my name is _____, that I am _____ years of age, that I reside at _____, in the parish of _____, in the county of _____; that the diplomas of the _____, and of the _____, and of the _____, dated the _____ of 18____, and of 18____, and of 18____, respectively, which I now produce, were lawfully obtained by me; that I am the party named in those documents, and that I am in practice at the place above-named, as a _____, and I intend to practise as a _____; and I make this declaration believing the same to be in every respect true.

(Signed)

(Signature of Registrar.)

The advantages of this system would be,

1st.—That the age entered by the applicant could be compared with his appearance and dates of his diplomas, which would be useful in detecting an attempt to procure registration on the faith of a deceased medical man's diploma.

2ndly.—His signature to the declaration, filled up by himself in presence of the Registrar, who should also sign as a witness, would be evidence against him in case of any misrepresentation.

3rdly.—The Registrar would be thereby personally responsible for each entry, and he would not have the opportunity of throwing the blame upon any assistant-registrar or clerk. And as he will no doubt be liberally paid, his whole time should be devoted to it, and not receive (as in too many instances is the case) a large salary and depute some one else to do the work.

4thly.—The photograph I believe to be an essential point, and the best proof of the party being the identical one who signed the declaration to which it is affixed. As the Registrar might be able to swear that a person styling himself Mr. _____, filled up and signed the declaration and register which he witnessed, but he could not swear that any person produced some months after was the identical one who signed that document; but if the photograph is affixed, and bears the same number as that in the register and in the declaration, he could then be positive upon the point.

Many cases have occurred of parties trafficking in diplomas by advertizing situations for surgeons, who are requested to send their diplomas for inspection, which the owners of course never see again, and which are sold to unqualified parties to enable them to obtain situations on board emigrant ships, or to start in some distant part of the kingdom as surgeons under false names. Again, persons have been known to give one of their diplomas to their brother or friend, who assume their name, and obtain situations, to the detriment of the legally-qualified practitioners.

Sir, yours truly,

Lambeth, November, 1858.

THEODORE E. LADD, M.D.