Febris septenaria (*Platerius*, 1656; *Sprengel*, 1814); Ephemera plurium dierum (*Sennertus*, 1641; *Juncker*, 1736); Synochia septimo die soluta (*Hoffmann*, 1700); Febris continens? (*Stahl*, 1700); Febris continua simplex (*Lieutaud*, 1776); Simple Continued Fever (*modern writers*).

Febris ephemera (*Riverius*, 1623; *Sennertus*, 1641; *Sauvages*, 1768); Diary Fever (*Strother*, 1728); Ephemera simplex (*Boerhave*, 1738); Febris diaria (*Juncker*, 1736; *Linnaeus*, 1763); Fièvre éphémère (*Davasse*, 1847); Febricula (*var.* and *Jenner*, 1849, not the Febricula of *Manningham*); Das enttägige Fieber (*Germ.*); Effimero (*Ital.*); Efemera (*Span.*).

Ephemera a frigore and E. a calore (*Sauvages*, 1768); Sun Fever (*Scriven*, 1857).

10. *Symptoms and Treatment of Diphtheria*.—We find in the *Lancet* (Nov. 6th) the following remarks, by Dr. C. D. KINGSFORD, on the symptoms and treatment of diphtheria, a disease which is now prevailing epidemically in some parts of England.

“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 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, 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, 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 recognized 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 enemata 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 bedtime, 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 aphthous 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 recognized by a livid, gangrenous appearance of the tonsils, and by an intolerable fetor 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 submucous 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."

11. *Diphtheria*.—Dr. SEMPLE called the attention of the Medical Society of London (Oct. 18) to a disease which was exciting very great interest at the present moment—namely, diphtheria. He had been called down to Bagshot to see some cases of the affection in question, but he arrived about an hour after one of the patients had died; he found that the last fatal case was the third in the same family, the ages of the patients being respectively eight, twelve, and fifteen years. They died at intervals of about a week from each other; and while the funeral service was being performed on one of the children, the death of the elder sister, aged fifteen years, occurred. Dr. Semple, however, repaired to the house of the patient, in company with Dr. Blount, of Bagshot, and obtained permission to make a *post-mortem* examination of the body, although to a limited extent. It was to be regretted that very few examinations after death had been obtained in this disease, owing to the prejudices existing in the minds of relatives, especially in the rural districts. However, nearly the whole of the diseased parts were examined, consisting of the tonsils, a part of the tongue and of the pharynx, the epiglottis, the larynx, and the trachea. On the whole of these parts the pellicular membrane, which is the characteristic feature of true diphtheria, was developed. It was especially necessary to bear this character in mind, because he (Dr. Semple) had reason to believe that, at the present time, many affections of the throat were confounded together, under the name of diphtheria, which had