which has led to the confusion in the description of the relations between the larynx and its image to which I have alluded. Experience is necessary to enable us at once to correct the false representation given in the mirror; but with this experience, we make the necessary corrections with almost as little consciousness of mental effort, as when we mentally convert the inverted image which is formed upon the retina into the true representation of the various objects which surround us in everyday life.

DIPHTHERIA.

By W. Newman, M.D. Lond., St. Martin's, Stamford.

Having already given to the readers of the British Medical Journal (September 14th, 1861) a statement of those cases of diphtheria which had occurred in my practice—ten at Fulbeck, near Grantham—in the first six months of 1861, I wish now to lay before them the series noted in the second half of the same year. And I do this with the hope of some resulting good; since the instances thus put upon record, being the product of a widely spread agricultural district, offered to the same observer, subjected to the same external influences, and modified by an unvarying plan of treatment, may be supposed to exhibit a fair record of the disease throughout a year of its ordinary history.

Sex has little influence. Of the patients, ten were males, and eight females.

Age. The ages of the patients are shown in the subjoined table:

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of cases</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 5</td>
<td>1</td>
<td>5.55</td>
</tr>
<tr>
<td>5 to 10</td>
<td>1</td>
<td>5.55</td>
</tr>
<tr>
<td>10 to 15</td>
<td>3</td>
<td>16.66</td>
</tr>
<tr>
<td>15 to 20</td>
<td>1</td>
<td>5.55</td>
</tr>
<tr>
<td>20 to 25</td>
<td>1</td>
<td>5.55</td>
</tr>
<tr>
<td>25 to 30</td>
<td>3</td>
<td>16.66</td>
</tr>
<tr>
<td>30 and upwards</td>
<td>5</td>
<td>27.77</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>99.96</td>
</tr>
</tbody>
</table>

Mortality. There was one death in 18; or 5.55 per cent.

In the data of age and mortality, the cases now noticed stand in almost direct opposition to those given in my last paper. The causes of this difference will be noticed further on. To some of these cases, I would draw more direct attention; they are of interest, as much from individual peculiarities as from their combined value.

Case i. This was the only fatal one in the series—fatal, too, from direct affection of the larynx; death resulting within twenty-four hours. But for due examination of the throat, the case would have been looked upon as one of ordinary group. There had been no history of prior illness, no failure in general power, until the clanging cough and stridulous breathing were noticed; yet there was enlargement and soreness of the submaxillary glands, and the débris of very marked exudation on the uvula and tonsils.

If the writings of French physicians be consulted, they tell us that croup is, with but very rare exceptions, the sequel of, and dependent upon, pharyngeal diphtheritic deposit—a matter, in short, of local extension. This is the sole case I have seen tending to bear out this view.

Cases iii and v. Both derived their affection from the same source. In both cases the local deposit and suffering were but slight; yet each of them had very characteristic depression and constitutional disturbance. Coincident inflammation of the parotid gland only on one side was also present. Case iii was well in three weeks or less. Case v was much more tedious in convalescence. The whole system was unhinged, and strength was very slowly regained by free administration of tonics and abundant supply of food. Six months later, a large abscess, with deep burrowing sinuses, formed in the upper and lateral part of the left thigh. I am strongly disposed to connect, certainly the severity of this local affection, if not absolutely, its occurrence with the extreme debility consequent upon the throat-disorder.

Case vi. Local oedema and very rapid and abundant appearance of exudation were here noted. The man's state was for some days very precarious; and, though prior to this illness an athletic powerful man, he was very seriously prostrated. No nervous sequelle showed themselves.

Case vii. Present partial loss of power in both lower extremities, sensation being more damaged than motor power. Some time passed over before this symptom disappeared; the throat-disorder having, however, been far from severe.

Case ix. I had seen, as reported in my last paper, one instance of secondary absceses in the neck. In this person abscesses formed, three or four days after the exudation had cleared away, in the soft palate; and attained such a size as to produce very great inconvenience both in respiration and deglutition. The subsequent recovery, after the discharge of the pus, was rapid.

Case x is noteworthy, from the coincidence, almost from the very commencement of the throat-malady, of excessive sickness; no matter what was taken, it was immediately rejected. I could but trace its existence to some irradiation of the par vagum. Internal remedies seemed of little or no avail; external counterirritation was certainly of some service. But little of especial interest is attached to the other cases.

The rates of mortality noted in the two series of cases—1 in 5, and 1 in 18—differ widely enough; admitting, however, of easy explanation on reference to certain conditions.

a. Age. The majority of those reported on the last occasion were young children, having proportionally little vital power, and therefore succumbing rapidly to any form of blood-poisoning. On the other hand, most of those now mentioned were over fifteen years of age.

b. Varying Conditions of Access. In the earlier instances, in 23 out of 33, the disease was endemic, with a resulting mortality of 1 in 4-3; while, in the present group, the affection was uniformly sporadic.

These conclusions may, on the whole, be fairly drawn.

The severity of diphtheritic affections, and indeed
Bad nursing will destroy many a sufferer; and remedial means powerful enough for good will prove simply nugatory, if inefficiently used.

CASE OF FATTY HEART.

By E. T. R. Tenison, M.D.

I think the following case worthy of notice, showing, as it does, how most serious heart-disease may exist without any marked disturbance of the circulation or respiration, or exhibiting, save in a very mild form, the symptoms usually accompanying cardiac affections.

On the 25th December last, I was hastily summoned to see Isaac Hear, aged 57, living at Starch Green. He was reported to have "choked himself" by a morsel of food "going the wrong way." I found the patient in profound collapse, covered with cold sweat; respiration was performed by gasps, with long intervals between each breath; he was pulseless as the first. The disease has a time when nourishment will not, cannot be taken; and, unless liberal supplies have before this been given, the patient will of necessity sink.

As diphtheria answers, in very many of its characters, to the type of a blood-disease, those remedies are most likely to arrest or to impede the recumbent or semirecumbent posture should be maintained; and the sufferer sedulously waited on—not even in triftes allowed to attend to his own comfort.

1. To prevent the early access of exhaustion. I have named this as one especial point, in order to lay stress on the necessity of thorough rest: for the adult, rest mental and physical; for the child, enforced abstinence from movement as far as possible. I have seen repeatedly increase of local mischief after even slight exertion, and nausea and faintness readily supervene. In all cases where it can be done, the provision of one fixed posture should be maintained; and the sufferer sedulously waited on—not even in trifles allowed to attend to his own comfort.

2. To uphold and increase general power. To this end, the room should be well ventilated by direct entrance of fresh air, if the season will allow of it; if not, then a good fire, with care in preventing direct draught, but in no case shutting up the patient either with antiquated close-drawn curtains or in an ill-ventilated room, thus allowing him to breathe over and over again air vitiated by the ordinary products of respiration and the local impurities of the disease.

Abundant and frequent supplies of nourishment should be given: meat, in whatever form it can best be taken; and stimulants. Perhaps, of these, port wine is best; next to it, brandy and water. By some patients, malt liquor is better taken. But yet I would make this the cardinal rule: give food from the first. The disease has a time when nourishment will not, cannot be taken; and, unless liberal supplies have before this been given, the patient will of necessity sink.

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3. To arrest the local affection, and bar its extension from focci already existing. The very common application of the nitrate of silver, I have little to trust in. Its effects are not sufficiently marked in the clearing away of existing deposit, or in the prevention of its recurrence; while the white coating consequent on any free use of the salt materially ob- scures the condition of exudation. In the more severe cases, where there is much coincident and surrounding redness of tonsils and uvula, I would once freely apply the hydrochloric acid. As a subsequent application, or indeed as of primary advantage, I have had reason thoroughly to believe in the efficacy of Beaufoy's chloro-soda of rice, used undiluted with a large camel-hair brush two or three times a day, and more frequently as a gargle made up with glycine and water—one part to six or eight parts of water. This application I learnt last year from Dr. Budd's comprehensive paper (British Medical Journal, June 1st, 1861), and each succeeding case makes me more confident in its power as a local agent.

I would close my paper by urging the propriety of the medical attendant personally, so far as he may, applying these and other local remedies, and also seeing to the thorough carrying out of the plans for giving medicine and food. In this disease there is no time to be wasted.