

idea would have suggested itself to more. The joint has been kept *at rest, i. e.*, by means of small well applied splints and careful bandaging. The practice of keeping the arm in a sling was insufficient; the usual bent splints of heavy wood were troublesome and inapplicable. The patient will leave the hospital well in a few days. The injury done to the structures proper to the joint is inconsiderable, and there is very free movement. The case has been under treatment about eight months, in one of Mr. Lawrence's wards. Now, when the result here obtained is contrasted with the results obtained by excision, the advantages which ensue from abstaining from the use of the knife are obvious. The forearm of a person with an excised elbow is for a long time moveable and weak, and often requires artificial support for many years. Many months must pass before the limb is useful, in the most favourable cases. It is true that there are cases requiring operation, where the cancellous texture of the bones is diseased or necrosed; but pathological anatomy teaches us that such accidents are mostly the result of violence done to inflamed structures, and may be avoided by skill on the part of the surgeon, and by care on that of the patient.

CHLORINE INHALATION IN DIPHTHERIA.

By C. F. HODSON, Esq., Bishop Stortford.

I AM induced by the continued prevalence of diphtheria and its extreme fatality in those cases where the larynx is involved, to communicate to my fellow associates a method of applying chlorine, which I have recently found so successful in an apparently hopeless case, that I cannot but think it will prove generally useful in the treatment of the more severe forms of diphtheria.

On Tuesday, November 30th, I received a summons to see a little girl, aged 3½ years, who had been poorly for several days, and was then supposed to be suffering with croup. An emetic was sent; and the child was visited shortly afterwards, when the nature of the disease was at once seen. The emetic had led to the removal of the exudation from the rima glottidis with considerable temporary relief, although the state of the fauces and nostrils, and the drowsy feeble condition of the child were such as to excite grave alarm. In the afternoon the gurgling returned; a second visit was demanded, when the treatment was adopted which is laid down in the excellent paper read by Mr. T. Stiles, at the Cambridge and Huntingdon Meeting of this Branch, (see JOURNAL for 1858, p. 628); this treatment I have hitherto found most satisfactory. Wine, beef-tea, eggs, etc., were given as far as possible; and the entrance to the larynx was freed from the exudation by the repeated use of the curved probang, the sponge being well wetted with Burnett's solution.

On the following Friday, the child became much worse, sleeping heavily, and the breathing becoming more and more obstructed; the probang afforded only trivial relief, and on the morning of Saturday the end seemed close at hand. I then proposed trying the effects of inhalation of the vapour of boiling water, mixed with a portion of solution of chlorinated lime. A very serviceable vapour-bath was thus extemporised. An earthen milk-pan was placed on the bed close to the child; above this a large open umbrella; shawls and a piece of druggot were thrown over, hanging down to the bed so as to enclose the child and milk-pan completely; the latter was then half filled with boiling water; and, lastly, a few spoonsful of the chlorinated solution were added. After a few minutes the exudation became looser, and at the end of ten minutes, when the coverings were removed, the breathing was much freer. I directed this vapour-bath to be repeated every three hours, and occasionally a large sponge, dipped in boiling water, with a little of the solution sprinkled on it, held beneath the mouth and nose. For two days this plan was steadily pursued, and excepting for a few hours, the improvement was uniformly progressive.

From Sunday, December 6th, the interval was gradually increased, and after a few days the bath was used only twice or thrice in the twenty-four hours, until the child became convalescent. I should add, the bath was never unpleasant to the little patient, it was often commenced when she was asleep, and invariably gave immediate relief. It has rarely occurred to me, in the course of more than twenty-two years active practice, to witness a more gratifying result from such simple means.

CHLORINE IN THE TREATMENT OF DIPHTHERIA.

By STEPHEN S. ALFORD, Esq., F.R.C.S.Eng. and L.A.C.

IN describing the treatment I have adopted in cases of diphtheria, I do not pretend to suggest anything original; but I feel that every medical man should record, for the benefit of the profession, the treatment he has found most successful in this complaint.

Diphtheria consists of the formation of a dirty white fungus-like covering over the throat and palate, surrounded by and apparently growing in a jelly spawnlike exudation, which protrudes through, and extends beyond the white fungus. The disease is accompanied with rapid prostration of strength, and often proves fatal in less than forty-eight hours. The formidable constitutional effects arise, I presume, from the absorption of a poison generated by the disease. The real remedy, therefore, should be purely local; viz., to remove the poisonous growth, and to prevent its reforming, and to counteract or destroy its poisonous character.

If nitrate of silver, when applied, does not at once effectually destroy the morbid growth, so as to prevent its recurrence, it forms a covering, behind which the poisonous fungi can go on increasing, and rapidly poisoning the whole system. Indeed, no local application, if not *constantly applied*, is likely to be successful. I have, therefore, abandoned the caustic treatment.

Last March, having had several cases of diphtheria, I tried a gargle of chlorinated soda, of the strength of from half a drachm to a drachm in an ounce of water, to be used every ten or fifteen minutes, so as to wash away, and *keep washed away*, the morbid growth, and, by the constant application of the chlorine contained in the gargle, destroy the poisonous character of the disease. When this plan is persevered in, the white fungi and jelly-like mass are washed away; and the throat is kept free by constant gargling.

I believe the chlorine itself not only counteracts the poisonous nature of the morbid secretion, and destroys its deleterious character, but also has a beneficial effect on the system at large; and again, by destroying the virus, prevents its spreading to other members of the family. The disease has never spread where this plan has been adopted. All these points have satisfied me in the use of this remedy, and I am pleased to find others have found it equally successful, as noticed in the JOURNAL by Dr. Bryden. The character of the gargle is important, but I feel the frequently washing of the throat to be equally essential; and for this reason, I prefer the gargle being used every ten or fifteen minutes to the dilute hydrochloric acid only applied occasionally, as used in some of the metropolitan hospitals. In addition to the frequent washings of the throat, which I consider *the* treatment, I apply *spongio-piline*, frequently steeped in hot water, tied round the neck; and at once keep up the strength by stimulants; viz., wine and brandy, with eggs, arrowroot, or water. I give bark and chlorate of potass with henbane, and an anodyne at night (twenty minims of liquor opii sedativus); for sleeplessness has been a marked feature in all my cases; aperients of a warm but decided nature, and little or no mercury, make up the treatment I adopt. When the above plans have been carried out, I have found them invariably successful.

In several severe cases of ulcerated sore throat, the same gargle, constantly applied, has succeeded.

MELANCHOLY DEATH OF A YOUNG SURGEON. A melancholy accident occurred at the Norwich Dispensary on Saturday evening, Jan. 1st, resulting in the death of Mr. Alfred Dowson, a gentleman twenty-two years of age, who had been officiating during the last few days for his brother, Mr. Arthur Dowson, surgeon at that institution. It seems that the deceased took what he fancied was some tincture of orange-peel, but which really proved to be tincture of aconite. The unfortunate young man misread the labels on the bottles, one being marked "Tinct. Aurant.," and the other "Tinct. Aconiti." After making the fatal mistake he ate some supper, conversed cheerfully, and retired to rest; but he had not been long in bed when he found himself in such pain that he disturbed the establishment. Professional assistance was promptly at hand, but was rendered in vain, death soon terminating the sufferings of the deceased. At an inquest held by Mr. W. Wilde, city coroner, the jury, after hearing several witnesses, returned the following verdict:—"That the deceased took some tincture of aconite accidentally and by mistake, intending to take some tincture of orange-peel."