exciting cause of irregular recurrence, all trace of periodicity is lost. The patient does not know when to expect his attack. He may have one in a twelvemonth, he may have one every year, he may have none for years without one; it may never occur at two intervals alike, and when it does occur it is perfectly at a loss to say why it should choose that particular period. The time of its recurrence and its frequency are altogether inconstant. He may be living in perfect health and daily fear.

To express summarily, then, what appear to be the facts with regard to the periodicity of asthma, we may say—

1. That asthma is typically periodic.
2. That though there is a period for each case, there is no particular period for the disease in general.
3. That the periodicity of asthma is of two kinds, intrinsic and extrinsic, the latter a spurious periodicity, dependent on the individual, white, or known causes, for instance, the menstrual periods, or the disease is purely extrinsic, and entirely independent of all external circumstances.
4. That periodicity, though a common, is not a universal feature of asthma.

DIPHTHERIA.

By Robert S. Cross, Esq., Petersfield.

I beg to submit the annexed remarks, with the idea of fulfilling one great purpose of our Association—the receiving of individual observation, with a view to building up experience descriptive of a fiction disease.

Throughout these last eighteen months, this town and neighbourhood have been visited by throat disease in various forms; considerably above a hundred cases, of a diphtheritic character, having occurred under my observation, varying in character from the mild form, in which small spots of white easily detached lymph or exudation membrane, on more or less enlarged and inflamed tonsils, was the type; little or no constitutional disturbance being present; to the most severe kind, suddenly ushered in by severe symptoms of inflammatory furitic action: the tonsils, uvula, and whole of the parts at the back of the mouth as low down as could be seen, were coated with a white, or brown, or grey, firm, detached membrane; life being destroyed in a few days, sometimes by extension to parts necessary for respiration, but as often by apparently a state of exhaustion of the system being induced, in which death occurred sometimes very unexpectedly.

Two cases (in one family, of six children, the oldest eleven years, and all of whom, with the exception of the infant, had the disease) were sufficiently remarkable to deserve a separate notice. In two boys, aged respectively eight and nine, the throat symptoms were very severe from the first. About the fifth day, hæmorrhage set in; so rapidly, that, by the end of the seventh, the larynx had been so much injured, that the parts of the back of the mouth within the reach of observation, were quite gone. One day only of apparently perfect convalescence intervened; and vomiting set in, with pain and tenderness over the epigastrium, extending particularly to the hepatic region. There were constipation; total loss of appetite; prostration; rapid emaciation; thirst; and, in one case, there was intense pain in the head for the last forty-eight hours. One boy died at the end of three weeks of such condition; the other, at the end of ten days.

A very careful post mortem examination of the last case was made. The tonsils appeared gone; i.e., their site was occupied by some loose irregular granulations, which had the character of remaining, the interstitial structure being absent. There was no extension of the disease into either oropharynx, or larynx and trachea. The lungs were healthy. The liver was enlarged and pale. The stomach contained about half a pint of greenish viscid fluid. The mucous membrane, particularly at the edges of the ruffle, which were very prominent, was of a deep chocolate, almost mahogany colour; the colour was not distributed in patches, although there were degrees of depth of shading, varying from this to deep rose colour and red, but pervading the whole, and extending a long way—I should say, throughout the whole of the small intestines, most intensely the colon and caecum. The mucous membrane of the stomach was softened and thickened, and presented at the orifices an appearance of a separation, as though it might readily be detached.

The disease in question has occurred in all situations and among all classes. The mortality has been about ten per cent. of the whole. This ratio, I should remark, includes as well those cases in which application has been made too late to offer any reasonable chance of doing good; as those in which everything has been done from the very first moment of attack. As to contagion, I have been unable clearly to trace this cause in more than one case; as in those families where two, three, or more children were affected, the cases have occurred at such intervals as to preclude the idea of such being the exciting cause; and, moreover, often only one has had it, even where the discovery was made too late for any attempt at isolation. One adult has died; and one who had it, had been nursing a child with angina; she herself having been the subject of scarlet fever since adolescence. Albucom has been sometimes present in the urine; sometimes more I should say, than is seen in the subjects of the malady had not been remarkable for their apparent vigour of constitution, but rather the least robust and healthy of the community.

The treatment has consisted of sulphate of zinc or pecteana emetica, with a mild calomel purge, followed by mineral acids, with bark or quinine; sometimes citric acid, chlorate of potash, tincture of sesquioide of iron, etc.; with applications of nitrate of silver, solid, and in solution five grams to one drachm; solution of chlorinated soda, hydrochloric acid, etc., diligently applied by sponges, and gargarus of like character; externally, an embrocation of compound camphor, tincture of opium, soap lamium, and laudanum. Lesions were applied in one case, followed by a blister, which caused a most unhealthy overhanging sore, which undoubtedly accelerated the end. And here I may mention one unobjectionable symptom almost constantly associated with the severer forms of the disease, which is the liability to the larynx becoming so much corroded, and beginning to separate, allowing the escape of a highly offensive discharge. Caustic or any pungent application to the throat seemed to do harm from the same cause.

DIPHTHERIA.

By George Bottingly, Esq., Croydon.

Many valuable records of cases have appeared almost weekly in the medical periodicals for months past, mostly differing from each other as to the nature of the epidemic, as well as to the mode of treatment. It would, therefore, be highly desirable that some better defined pathological character of the disease should be established; and there is a want also of a general plan of treatment laid down, as in all other diseases.

It appears that, at present, we cannot do more than give our individual opinions, founded upon practical experience.

In the first place, it may be remarked that the disease assumes very nearly the same train of symptoms in all places. From what has been written upon the subject, it appears that some believe it to be a new disease; others, that it is accompanied with scarlet fever. It therefore becomes our duty, if possible, to find out which view is correct.

In discussing the nature of this disease, its pathological character should be settled; but, having had but one fatal case in my own practice, my experience from post mortem examinations will not do much. I can, therefore, only offer my opinion from the cases I have had under treatment.

It appears to me that at the commencement of the attack there is but slight congestion of the mucous membrane of the pharynx, accompanied with slight constitutional disturbance; but, in a few hours, the membrane puts on a livid appearance, at times rapidly into the purplish black; and the false membrane is a deposit of layers of lymph in the early stage of the disease, which soon loses its vitality, and acts as an extra-aneous body, thereby preventing the parts from performing their natural functions. If this be so, then, from this change in the depressed and obstructed the vital powers of the system takes place.

Now whence arises the rapid and fatal change in a few hours? Is it not from meteorological causes? for it is certain that locality has but little to do with it. It has been as severe in high and dry situations as in low and damp; in isolated