sensibility of the urethra to such an extent as to force me to stop the injections until the urethra was canterised; which gives additional proof, if such were required, of the folly of specifics. I have no doubt in the slightest that the enuresis in this case chiefly depended on the hyperæsthesia of the spot I have alluded to; and I may add, that I would not have given any of my incomplete observations on this subject to the profession, unless Dr. Johns had given his, as my observations and cases are far from being so satisfactory as to be considered properly digested, the subject being only in its infancy.

I have chosen those cases from among many, not that they are the most curative and successful, but as the best to illustrate the subject of my paper.

[To be continued.]

MALARIOID REMITTENT FEVER IN CHILDREN.

By C. HANDFIELD JONES, M.B., F.R.S., Physician to St. Mary's Hospital.

THERE is a form of febrile disorder occasionally met with in children, which does not correspond to the description given by our best authorities of remittent fever, and is further differentiated by the effect of remedies.

A child of 2 to 6 years old (I sketch the limits of which I have notes) has been gradually losing health for several days or weeks; it is languid, drooping, emaciating, and, without appetite, more or less thirsty. The night is the time of most disorder; there is considerable cerebral disturbance, quite amounting to delirium in some cases, in others marked by "horrible dreams", talking in sleep, and great restlessness. In some there is at night also copious perspiration. The child may be apyretic during the day, but becomes feverish at night. The bowels may be costive or much relaxed. The tongue is clean in some, in others coated. In these cases, I have found quinine of decided curative efficacy; improvement taking place, under its use, in a way that could not be referred to the unaided *vis medicatrix*. A child of five years old has taken eight, and another of four years has taken six grains daily, with great benefit. Cod-liver oil and steel wine may sometimes be given also with advantage.

I am much inclined to consider these fevers as of malarious character, using the term in a rather wide sense, as applicable not only to marsh miasmata, but to other ill defined poisons which may be generated even in cities. I do not think the disease in question is typhoid fever; it does not appear to tend to a spontaneous termination, or to have a definite period. Its pathological affinities, as far as I can judge, are in the direction of neuralgia and dysentery or diarrhœa.

Transactions of Branches.

CAMBRIDGE AND HUNTINGDON BRANCH.

ON DIPHTHERIA: WITH THE RESULTS OF THREE HUNDRED AND FIFTY CASES.

By THOMAS STILES, Esq., Pinchbeck.

[Read July 8th.]

It would be presumptuous on my part to trespass on your time by dwelling on the controversy whether "Diphtheria" is or is not a new disease in this country. I prefer limiting my observations to facts derived from my own experience.

To me, diphtheria is a new disease, requiring new remedies, the routine commonly adopted in the treatment of other affections of the throat proving valueless, if not highly injurious. Allow me, however, to draw your attention to the points of difference between the epidemic as it has presented itself to me, and "the putrid sore throat" of Dr. Fothergill; connected with which, he assures us, "the whole habit suffers, as if by a stimulus of a peculiar nature, and although the throat is always more or less affected, yet it is sometimes the least part of the patient's complaint." "Again," he observes, "this disease is accompanied by fever of an intermittent character; by a greater tendency to delirium than either a common angina, or almost any other distemper we are acquainted with." Purging and vomiting too frequently occurred. Now, the most remarkable characteristic of the form of diphtheria I have met with is, that the constitutional disturbance is not at all in proportion

to the local mischief. Indeed, in the majority of cases the patients have pursued their usual avocations, complaining only of soreness of the throat and stiffness of the neck; yet, on inspection, the tonsils would probably be found to be excavated and covered with an exudation of plastic matter. The disease appeared entirely local, and unaccompanied with any "discoloration of the skin in the face, neck, breast, and hands," which Dr. Fothergill assures us is an "obvious and distinguishing characteristic of the putrid sore throat."

Diphtheria has shown itself in my practice in various degrees of severity.

The first class of cases has been characterised by stiffness of the neck, soreness of the throat, swelling of the cervical glands, and a sense of rising in the throat not unlike *globus hystericus*. On inspection, the tonsils have been found much enlarged; the pharynx, indeed the entire fauces, the soft palate and uvula, of a uniform red colour, without either ulceration or exudation.

In the second class, the tonsils have been enlarged with an abrasion of the epithelium, more or less coated with a pelticular membrane; or there would be distinct spots resembling ulceration, which gradually coalesced and formed an excavation in one or both tonsils, the floor of which exhibited an ash-coloured slough, not unlike leather, and surrounded by elevated edges of a violet colour.

In the third class of cases which have come under my care, from the very first the fauces have been filled by a fibrinous exudation, which seemed to cover an ulcerated surface; occasionally, there has been extensive sloughing, accompanied by the foulest fœtor of the breath, probably more the result of the decomposition and putrescence of the faucial exudation than from actual gangrene. Fever of a typhoid character, headache, drowsiness, extreme prostration, and sudden depression of the vital powers, have been the symptoms.

During the last six weeks upwards of 350 cases have occurred in the district in which I reside, which contains 3,000 inhabitants, and extends over an area of 15,000 acres. An ancient drain, called the Hammond Beck, divides that portion of the parish which formerly constituted the "Fen" from the old enclosed lands: and in the vicinity of this drain, and of some offensive pits not very distant from it, the epidemic has prevailed with the greatest virulence, extending, however, with great rapidity to all parts of the parish. It equally affected both sexes; and though some men of advanced age were attacked, yet the age of those who have been chiefly sufferers was between two years and twenty-five; no infants, and only one female exceeding thirty; and it is worthy of remark that the well fed, and those who enjoy the advantages of a comfortable home and free ventilation, have escaped the severe forms of the disease.

CASE I. The epidemic commenced on March 1st. A child, eleven years of age, first fell a victim to the disease on the sixth day. When my attention was called to the case, the throat presented the frightful condition I have described in the third variety. Death in this case appeared to result from the exudation of false membrane extending into the larynx and trachea. This was the first case I had witnessed. During forty-five years professional experience I had never met with an affection of the throat bearing any analogy to it; but on referring to the statistical nosology, I did not hesitate to return the cause of death "Diphtheria."

CASE II. On April 13th, six weeks afterwards, I was summoned to see a child five years of age, reported to be dying of croup. The glands of the neck were enormously swollen: there was a distinct gurgling in the throat, but there was a total absence of the stridor, so characteristic of croup. On inspection, the pharynx and surrounding parts presented one entire mass of membranous exudation, in a putrefactive state, occasioning the foulest fœtor. Death occurred a few hours afterwards; caused, I have no doubt, by the deposit closing the glottis.

CASE III occurred on May 14th, a month later, in a girl ten years of age; it terminated fatally on the eighth day. This case was remarkable in consequence of the extension of the disease along the Eustachian tube, occasioning deafness and extreme pain in the ear.

CASE IV. May 21st. A female, aged fourteen years, sank on the sixth day, in consequence of sudden depression of the vital powers. It was at this time that the disease began to spread with frightful rapidity.

CASE V. May 24th. A young man, aged eighteen. Death, which was the result of depression of the vital powers, took place on the seventh day.