

From 5 to 10 years	...	...	...	8
„ 10 to 15 „	...	...	...	23
„ 15 to 20 „	...	...	...	38
„ 20 to 25 „	...	...	...	10
„ 25 to 30 „	...	...	...	2

The above details have reference solely to ante-mortem diagnosis, and have included only cases where the death was evidently caused by phthisis. I have, however, made an analysis of the last hundred of my post-mortem records, and I find that no fewer than 62 per cent. were subjects of tubercular deposit. There were 62 males, and tubercular deposit was found in 49 instances, or 79·03 per cent. There were 38 females, and of these, 13, or 34 per cent., were tubercular.

(To be concluded.)

## IODINE INHALATION IN THE TREATMENT OF DIPHTHERIA.

By J. WARING-CURRAN, L.K.Q.C.P.I.

To those interested in the subject of Diphtheria, the experience of a recent epidemic with which we have been visited, and the result of the treatment adopted, may not prove uninteresting nor disadvantageous.

The disease broke out sporadically on the 2nd of January, by attacking the daughter of a Coast-guardsman residing at Pevensey station. The girl had been out of health for a couple of days before advice was sought. On being visited, I remarked enlargement of the tonsils, with one of the usual membranous specks indicative of the disease developed on the left; the glands of the neck on the corresponding side were enlarged; there was no pain complained of on deglutition, but a good deal of fever. The tonsil I freely cauterised, prescribed a solution of chlorine gargle, and a dose of calomel. The following day there was an aggravation of all the symptoms, with an increase in extent of membranous deposition; the voice was husky, breath fetid, pain in deglutition, and a croupy cough. I applied a blister to the exterior of the throat, prescribed powerful tonics, and ordered brandy, wine, and beef-tea alternately, every hour. Towards evening the breathing became more complicated, blue blood began to circulate, and the girl died in a fit the ensuing morning.

On the 4th of January two additional cases occurred, one in the house adjoining the first, the other in a farmer's cottage some quarter of a mile distant, where there was no communication with the Coast-guard buildings in which the disease began. Both cases I treated in a similar manner to the first, and both died, one in a characteristic convulsion, and one passed quietly away. After an interval of several days, six new cases commenced, just as the consternation was beginning to subside, and when we had hoped the disease had left us; these I treated by local cauterisation, with nitrate of silver where it was practicable, and the inhalation of iodine in hot vinegar and sage, prescribing large quantities of wine and ammonia, strong beef-tea, and ice, and counter-irritants over the chest, as in the first three. Some of these were truly formidable cases, manifesting symptoms which, writers on the subject tell us, once evinced, are never recovered from; but all ultimately recovered, with ten others which subsequently occurred. The wives and children of the artillery-men stationed in the Martello towers in the neighbourhood in several instances became affected; some deaths happened, and the disease only yielded to treatment when the doctor in attendance, at my suggestion, altered his plan, and had recourse to the iodine inhalation, which eventually turned out as efficacious with him as with me. Of its value in this disease I speak fearlessly, and truthfully consider that many of the cases I had under my charge must assuredly have succumbed, had it not been for the service rendered by the iodine. To those to whose lot may unfortunately fall the treatment of diphtheria, I would earnestly recommend a fair and early trial of inhalation of iodine combined with sage and hot vinegar. The sage I look upon as a useful adjunct, not relying solely on the hexameter,

“Cur moriatur homo, cui crescit salvia in horto?”

but believing it possesses many sedative virtues when employed as an inhalation in throat affections.

The Admiralty, through their officer, gave every assistance, and afforded every facility in the attempts made to arrest the progress of what seemed an exceedingly virulent epidemic. The water-tanks connected with the buildings were opened and

examined, and a thorough investigation made to account for the presence of the disease, but with little avail; doubtless, however, the development and diffusion of the disease depended on certain atmospheric and hygienic conditions communicable through the air or water, which, in the present instance, we were unable to determine or account for. Nevertheless, my experience in combating the epidemic has taught me that the direct influence of iodine vapour upon the morbid product, or on the portions of respiratory apparatus still unaffected, is such as either to arrest the power of advancement in the false membrane by destroying its *virus*, or by producing a thickened, consequently less susceptible, condition of the mucous lining of the tract, whereby it bestows a power of resistance against the deposit and prevents a further spread of the *materies morbi*.

The frightful mortality which attends the treatment of diphtheria, and the horror in which its presence is held by the profession generally, actuate me in trespassing on your space to recommend a remedy which I now believe, if properly and judiciously employed, together with tonics and a stimulating regimen, to be *the* remedy for the disease, and the only method of scientifically coping with it.

Bexhill, St. Leonard's, August, 1867.

ON

## A CASE OF TUBERCULAR MENINGITIS.

By H. KNOWLES, L.R.C.P. EDIN., &c.

ON the 29th of April, 1867, I was sent for to see Mr. R. B—, aged twenty-seven. I found him lying on the bed in a semi-comatose state. I could with difficulty rouse him; and, after answering a question, he would relapse into his former condition. His tongue was dry and slightly furred; skin moist; pulse 110; bowels constipated; urine scanty—sp. gr. 1034; face pale; pupils much dilated, equal; no intolerance of light. I ordered him five grains of calomel, to be followed by a saline aperient draught. To have beef-tea and milk diet. I saw him again in the evening. His pulse was 100; bowels had acted well. He was more sensible, and had had three hours' sleep. To take bicarbonate of potash, fifteen grains; iodide of potash, eight grains; camphor mixture, one ounce: every three hours.

April 30th.—I found him worse. He cannot pass his urine; pulse 112; mouth nearly closed; lower jaw fixed; great difficulty in getting him to take nourishment. His face and conjunctivæ much congested. I ordered his hair to be cut off, ice applied to the head, a large blister to the back of the neck, and eight leeches to the temples.

May 1st.—He continues much about the same, but the bowels are constipated. To have a turpentine enema.

2nd.—Continues to get worse. He has clonic spasms.

From the 3rd to the 5th of May he gradually got worse. On passing the catheter on the latter day I found the bladder empty.

6th.—He has still suppression of urine, with stertorous breathing, and is gradually sinking.

7th.—The patient died to-day at eleven P.M.

On the 8th of May I made a post-mortem examination. On removing the calvaria, I found extravasation of blood on the dura mater, and effusion of serum beneath the arachnoid. There were a few miliary tubercles lying on the upper surface of the cerebrum, about an inch to the right of the superior longitudinal sinus. On opening the lateral ventricles I observed masses of cheesy deposit adhering to both choroid plexuses, but much more connected with the left than the right. There was no deposit at the base of the brain, or in the fissure of Sylvius. The lungs were quite free from tubercular deposit. There was fatty degeneration of the heart, the walls of which were thin and flabby. The aorta and semi-lunar valves were healthy. On examining some of the cheesy deposit under the microscope, I found that it consisted of round and oval corpuscles, containing granules embedded in a stroma.

The somewhat remarkable features in the case were, the absence of vomiting, of irregularity or contraction of the pupils, or intolerance of light; no paralysis of the sphincter ani in the third stage; together with the absence of tubercular deposit in the lungs, and the exceptional situation of the deposit in the brain.

Barking-road, Canning-town, E., Sept. 1867.