portance, demands a very different mode of treatment. The distinction is certainly not understood by the public, and, I fear, is too often not made by the medical attendant. For one not unfrequently finds that leeches, blisters, and antiphlogistic remedies of all kinds have been employed, in cases where a warm fomentation and a purge followed by some antispasmodic and mild sedative were all that the case required.

In conclusion, and in reference to the controversy now maintained as to the identity or diversity of diphtheria and the old English inflammatory disease, croup, I will venture to express my conviction that they are distinct diseases. So far as I know, I was one of the first to call attention to the outburst of diphtheria in this country, which took place about the year 1850, in which year I read before the Medical Society of London a paper (*Medical Times*, vol. i, new series, 1850) expressing my views as to the distinction between the disease described by Bretonneau and that with which English practitioners were familiar, as acute inflammatory croup. Though much more familiar now with diphtheria than I then was, I have seen no reason materially to alter the views expressed in that paper. Previously to that date the disease with which I, and I believe most other practitioners, were most familiar, was an acute inflammatory disease, beginning in the air-passages and amenable to strictly antiphlogistic treatment, and which Dr. Semple would call "laryngitis stridulosa". This designation is not, however, I think, a happy or desirable one, partly for reasons that may be gathered from what I have cited from French authors. The classification that I would suggest would be 1, false or spurious, or bastard croup; 2, acute inflammatory croup; 3, diphtheritic croup, or diphtheritic laryngitis. I do not touch the question whether the croup of Home and the cynanche trachealis of Cullen, etc., are or are not the same disease as that which is now called diphtheria. The absence of all reference to paralytic symptoms in the older writers is, however, remarkable.

A CASE OF CEREBRO-SPINAL PARESIS, ACCOMPANIED BY INTENSE NEURALGIA AND CEREBRO-SPINAL IRRITATION.

By J. LOCKHART CLARKE, M.D., F.R.S.,
Physician to the Hospital for Diseases of the Nervous System.

A LADY, aged 56, in delicate health, and always subject to debility, with occasional pain in the back, had felt, about a month before I saw her, unusually weak and languid for a few days, and then experienced a severe pain along the spine, accompanied by a sensation as if the spine were stiff, or "as if it were drawn back by a tight cord". She also felt as if her neck were drawn back, but it was not so in reality. The pain along the spine extended to the back of the head, to the shoulders and scapular region, and was accompanied by a sensation of "pins and needles" in the hands and fingers. She complained also of shooting pains all over her head, but particularly on the right side; and, on the same side, she had the most intense pain over the brow, in the temple, and below the eye, along the orbital ridge of the malar bone, extending thence to the inner angle of the eye and side of the nose, and causing frequent fits of sneezing. There was some swelling of the brow and face. The pain in the brow extended upwards to the forehead and vertex of the same side. It was so severe, that she felt "as if it would drive her mad". These symptoms were accompanied by chills, flushes, and perspirations; but there was no continuous pyrexia. The pulse was small and rather quick. Her intellectual faculties became much impaired: she had confusion of mind, loss of memory, and felt so nervous and timid, that she was afraid to move about. In the course of a few days, she became very weak, and took to her bed. There was considerable tenderness on pressure at the back of the neck, and at several points along the cervical and dorsal regions of the spinal column. She was ordered citrate of iron and quinine, iodide of potassium, and Dover's powder at night, with counterirritation along the spine. Great improvement followed in a few days, and, at the end of twelve days, all the neuralgic pains had gone, but some tenderness remained along particular parts of the spine. When the neuralgic pains had subsided, she complained of great soreness of almost all parts of her body. The soreness was first felt on each side of her face, on opening and shutting her mouth, and the masseter muscle was tender to the touch. The soreness then extended down to the sides of the neck from behind the ears; then over the shoulders and back of the arms as far as the elbows; next down the back of the thighs and legs, but not in the feet. Her body and face became much emaciated, and the masseter muscles were evidently wasted. By continuing the use of the citrate of iron and quinine, with small doses of tincture of nux vomica, she was quite herself again at the end of a month.

This is an exceedingly interesting and instructive case. I have called it cerebro-spinal paresis, because the cerebral and spinal functions were much depressed. The correctness of the diagnosis was proved by the successful treatment.

ON A NEW AND EFFECTUAL METHOD OF ADMINISTERING CHLORAL AND BROMIDE OF POTASSIUM IN DISEASES OF WOMEN.

By G. DE GORREQUER GRIFFITH, L.R.C.P. Lond.,
Senior Physician to the Hospital for Women and Children, Pimlico.

MRS. M., aged 26, gave birth at her full time to a healthy male child, on Sunday, July 19th, 1874, being attended for me by Mr. Smith. The labour—primipara—was natural, and was completed within thirteen hours; but towards the close of it, the soft parts offered great resistance, which, however, was overcome by patient waiting, and without any manual interference, or any rupture of the perinæum. Everything went on well till the night of Saturday, July 25th, when it was necessary to draw off the urine, as none had been passed for twelve hours. In four hours, she was again seen; she had become restless, complained of not being able to sleep, and had a pulse fast and quick, but full and strong; she was feverish, and I therefore prescribed for her a diaphoretic aperient, which acted effectually. As she had not slept much the previous night, and was still restless, I gave her a sedative of opium and chloral, and had the vagina well washed out by means of warm water with Higginson's syringe.

On Monday, July 27th, acute puerperal mania declared itself unmistakably. She refused all kinds of food, as well as her medicine; would not allow the urine to be drawn off, nor the syringe to be used, and became very violent. Under these circumstances, I had to put her under chloroform, in order to do for her all that was necessary, and to procure her some sleep.

Tuesday, July 28th. She was put under chloroform three different times, and had done for her as on the previous day. I gave her subcutaneous injection of morphia, using one-third of a grain only. The chloroform acted quickly, very little being sufficient to anæsthetise her; it did not occasion sickness, nor any other bad symptom; but it did not assuage the delirium, which returned with the reaccession of consciousness. In the evening, while she was under the influence of the chloroform, I gave her a subcutaneous injection of morphia (one grain), which had the effect of prolonging the soporific influence of the former drug, and of producing great contraction of the pupil. The discharge from the uterus and vagina being somewhat offensive, the syringe was used every four hours, Condy's red fluid being added to the warm water. The child was removed the very first day the maniacal symptoms declared themselves, and the breast-pump was used to get rid of the milk.

Wednesday, July 29th. Chloroform was given at 9 A.M.; the patient was fed by the bowel; the urine was drawn off; a vaginal injection of warm water and Condy's fluid was given. At 1 P.M., chloroform was again given, in the same dose as in the morning, one grain of morphia being now injected subcutaneously. At 4 P.M., Dr. Cumberbatch and I met in consultation, and agreed to continue the administration of nutriment by the bowel; adding, however, to the egg and milk, half a wine-glass of pale brandy; and, as the morphia injections had not relieved the delirium, and had begun to aid in drying the tongue and mouth, and to induce other morphia symptoms, we decided to use an injection into the rectum of bromide of potassium one drachm, chloral half a drachm, mixed with the egg, milk, and brandy; and to repeat the drugs, if necessary, every four hours. Accordingly, at 5 P.M., I put her again under chloroform, and injected into the bowel the nutriment, having the medicines previously mixed. She slept for about six hours. At half past 11 P.M., as she was awake, restless, and violent, we gave her chloroform, and the enema, as at 5 P.M. She slept nearly the whole night soundly, awaking at intervals, but only for a short time, when she still raved, muttering incoherently, and then again falling asleep. On July 30th, chloroform was administered, and the nutrient enemata; but, as she was drowsy and quiet, the bromide and chloral were laid aside all this day. On the 31st, in the afternoon, the bromide and chloral were again given her in one of the nutrient enemata, which she had regularly every four or five hours.

Saturday, August 1st. She being quiet, having lapsed into a state of imbecility, and taking some nourishment by the mouth, as well as allowing the egg, milk, and brandy to be given her by the rectum, the chloral and bromide were discontinued; and I am happy to learn that, in the asylum, whither she was moved, she is convalescing.

The difficulties in this case can hardly be estimated, unless they had been witnessed, so strong was the patient and so violent; and it would have been impossible to feed her, or, indeed, do anything for her, without great violence, had chloroform not been administered. As, however, the effects of this speedily passed off, little ulterior good might have been wrought, but for the chloral and bromide, the sedative and good effects of which were quickly manifest each time they were used, acting apparently more rapidly than when taken into the stomach; nor was there any diarrhoea, or other irritant effect produced on the bowel.

In very many cases, this mode of giving chloral is, I consider, the best; since it does not nauseate, nor does it sicken, nor give that unpleasant taste in the mouth which remains long with some patients, nor does it occasion the burning in the mouth, throat, and stomach, of which many patients complain, a sensation which may be prevented in the rectum by beating up the drug with a raw egg, or even two raw eggs, a little warm milk being added to further the solution. One great advantage is that the gastric nerves are not affected, as they are when the medicine is taken by the mouth; in which latter case they seem completely deadened, or, as it were, narcotised, a result that tends to impair the appetite.

Since my experience in this case, I have used the chloral in half-drachm doses, with a lady suffering the agonies of gall-stones, and in whom the stomach was so constantly irritable that no medicine could be retained; chloroform inhalation to narcotism, morphia by subcutaneous injection, and every conceivable remedy, had been tried to allay pain, and procure rest and sleep, but had all failed. In ten to fifteen minutes after the rectal injection of chloral, pain was assuaged, and in half an hour sleep was procured. I have in this manner also used it when menstrual pain and sickness could perhaps have been relieved in no other way; also in cases of uterine and ovarian irritation, where pain, such as we have in those affections, varied from the mildest to the severest states. In irritable rectum, also, I have found it most efficacious, and have just commenced to use it as a vaginal suppository. In uterine, ovarian, and rectal cases, it is an especially valuable agent, inasmuch as it is brought into immediate contact with the affected nerves, and acts upon them directly, deadening any hyperæsthetic conditions, and relieving pain.

I have recently (end of April) seen the patient who was the sufferer from puerperal mania, and find her perfectly well in body, mind, and intellect, quick and vivacious, with no trace of imbecility remaining. The patient suffering from gall-stones, who had been for so long a time a sufferer without any relief, till the chloral was administered by the rectum, has remained quite well.

CLINICAL MEMORANDA.

CROUP AND DIPHTHERIA.

THERE appear to be two questions under discussion relative to croup. The first has reference to the meaning of the term, and the second to the nature of membranous croup. I take it that the former is to be settled by usage. I find that most medical men whom I meet in consultation apply the term croup to any acute affection where the symptoms denote a partial closure of the glottis. They cannot often know the exact nature of the malady, whether it be due to simple inflammation, or whether a membrane be present. This is a matter for after-diagnosis. They are, therefore, content to call the case one of croup, which is as good an expression as most other terms in medicine. The second question as to the nature of membranous croup is a very important one, both pathologically and clinically, since the answer either affirms or denies the existence of such a pathological condition as a membranous inflammation of the aerial mucous membrane. I speak of the mucous membrane as a whole, for I suppose no one would say that different causes were in operation according as larynx, trachea, or bronchi were affected, seeing that we may find the whole of the air-passages, from glottis downwards, covered by membrane. It is well known that nearly every pathologist in Europe has spoken of two forms of inflammation of the mucous membrane of the air-passages, the catarrhal or corpuscular, and the membranous or croupous, and clinical observers have acquiesced in this division. It is now maintained, and notably by two good authorities in London, that there is no such thing as an idiopathic membranous inflammation, but that, when found, it is due to a cause external or specific. A prevalent opinion is, that such membranous inflammation may arise under various influences; but the modern assertion is, that it is never idiopathic but always diphtheritic. As the question is not an anatomical one, but has to do with causes, it can only be settled by clinical observation.

SAMUEL WILKS, M.D., Physician to Guy's Hospital.

CROUP AND DIPHTHERIA.

IN the report of the observations I made at the Clinical Society (BRITISH MEDICAL JOURNAL, May 1st), on the subject of the identity of croup and diphtheria, I am made to say that I have "recently been converted to the view that croup and diphtheria are identical". I should like to say that this does not quite express my position; the observations I made were to the effect that, although I had long believed in the distinctness of the two diseases, this opinion of mine had recently been "rudely shaken"; and I instanced a case I had lately had under my care which would, probably, have been registered as croup if a *post mortem* examination had not shown it to be diphtheria. But, whilst I am entirely convinced that many cases of diphtheria have been registered as croup, I am far from believing that sufficient evidence has been produced to settle the question in favour of their identity, and I am altogether opposed to the tone of dogmatic finality which has been assumed by some on the identity side, as it is essentially hostile to that liberal and patient spirit of inquiry, which, in medical as in all scientific investigations, can alone lead to real advancement in knowledge. It has also occurred to me in connection with this discussion, that I have found a far larger experience and familiarity with cases of so-called croup, and with epidemics of diphtheria, amongst medical men in large general practice, especially in the provinces, than amongst the physicians of general hospitals in London. So far as I have been able to observe, cases of croup and diphtheria are comparatively rare in the general wards of London hospitals. As these cases are exceedingly acute and often rapidly fatal, I am inclined to believe that by far the greater number of them fall exclusively under the observation of our brethren in large general practice, and it is to them, therefore, that we should look for evidence which may decide this dispute.

I. BURNEY YEO, M.B., Assistant-Physician to
King's College Hospital.

CROUP AND DIPHTHERIA.

IN the note on croup and diphtheria inserted in page 507 of the JOURNAL for April 17th, I need not say that I professed to give only a brief summation of my own experience in these diseases. I admit, with Sir John Cormack, that the nomenclature is unfortunate and open to misconception, and cordially concur with him in the views held by the French and other authorities, which he has so lucidly detailed. I believe that diphtheria and croup are as distinct as typhoid fever and pneumonia; that the former is a fever of low type, with or without, but generally with, evident local manifestations; the latter a local inflammation giving rise to general febrile disturbance, and both running a rapid course; and that the recognition of these distinctions is very important in prophylaxis and treatment. In answer to Dr. Semple's courteous notice, I can only say that, confining both diseases to children under the term of puberty, the characters of the membranes observed by me have been such as I described. That of simple membranous croup was firm, tough, light kid-coloured, its inner surface glistening, its texture elastic, when ejected during life or removed after death retaining its tubular form, and when cut transversely the edge clear and clean; that of diphtheria generally ash grey or dull white (*subalbicans*), like rice-paper that had been macerated, or, as Dr. Starr described it in 1749, "like an oversoaked membrane, which, being oversoaked, had become rotten"; when removed from the body collapsive, so that the tubular form was lost, and when cut transversely the edge soft and flabby. I may add, that many years elapsed after my acquaintance with membranous croup before I saw a case of diphtheria, and when I did, I had not the slightest difficulty in recognising the latter, and the marked difference of its exudation from that of the former. Perhaps Sir John Cormack may recall during his early professional life in Edinburgh, if he were attached to a dispensary especially, many cases of membranous croup with its characteristic membrane, for it was about that time and in the class of patients who frequented dispensaries that I chiefly met with it.

WM. CUMMING, M.D., Edinburgh.

OBSTETRIC MEMORANDA.

PUERPERAL INFECTION.

IN reply to the fourth question in Mr. Spencer Wells's address on puerperal fever, How can its spread be most certainly prevented or checked? and, in response to your call for any useful hint on this now prominent subject, I have pleasure in giving the plan which the late Dr. Dawson, Lecturer on Midwifery at Newcastle-on-Tyne, found