

Dr Carlsson also considered that such cases were neither syphilitic, nor the results of vaccination. He had always treated them by baths, regulated diet, aethiops antimonialis,<sup>1</sup> and, in some cases, by the use of Hydrargyrum cum Creta.

Dr Gravenhorst had treated a similar eruption, occurring after vaccination, by means of mercury and rhubarb, and frequent baths.

Dr Abelin finally expressed his conviction of the absence of the *acari scabiei* in his case; for not only had the eruption occurred simultaneously over the whole body, but he had been unable to detect any of these parasites on examination.—*Journal für Kinderkrankheiten*. May and June 1855.

MIASMATIC AND CONTAGIOUS DISEASES—THE DISTINCTION BETWEEN THEM—AND THEIR GEOGRAPHICAL RELATIONS.

The following are the conclusions arrived at by Dr Mühry of Göttingen, in an interesting paper recently published on the above subject.

- 1. *Miasmatic Diseases* are specially dependant upon the influences of soil, humidity, temperature, and seasons, *like a vegetation*.
- 2. They generally manifest themselves and operate immediately after invasion, without any regular period of incubation,—*like a poison*.
- 3. They may occur again and become chronic in the same individual, without any diminution of his susceptibility. (*Receptivität*.)
- 4. They do not regenerate themselves in the human organism.

1. *Contagious Diseases* manifest themselves quite independently of soil, and also (with some particular exceptions) of temperature and seasons.

2. The attack always occurs after a longer or shorter, but regular period of incubation.

3. They generally occur only once in the same individual, and if they return it is after a long space of time.

4. They reproduce themselves solely in the human organism.

The relation of contagions to temperature, or the geographical distribution of such diseases may be thus expressed. The majority of them are ubiquitous, *i.e.* independent of temperature, and appearing in every zone of the world, irrespective of the period of the year. Examples of this truth are variola, scarlatina, rubeola, pertussis, cynanche parotideae, aphthae, puerperal metritis, erysipelas, hospital gangrene, and malignant pustule. Those, on the other hand, which are influenced by temperature and the seasons, are divisible into three classes:—

- 1. Those which are confined to high temperatures, and are common in the tropics,—lepra, framboesia, dysentery, and aphthae.
- 2. Those which are most common in the temperate zones:—Erysipelas, puerperal metritis, pertussis, and croup.
- 3. Those which are found in the regions between the tropical and polar zones:—Plague and typhus.—*Henle's Zeitsch. für Rationelle Medicin*. Bd. VI. Heft. II.

CROUP AND METHODS OF ITS TREATMENT.—I. TREATMENT BY SULPHATE OF COPPER.

Dr Hönerkopff has recently published a paper, in which he extols the administration of the sulphate of copper in this disease. He has used this substance in 99 cases of croup, 77 of which recovered; and the total quantity administered by him to these patients was 2846 grains, or, on an average, 31½ grains each. He has never seen any poisonous effects result from its use, although one child got 27 grains daily for a week, or in all 216 grains; and another, 4½ years old,

<sup>1</sup> This is a composition of one part of mercury to two of sulphuret of antimony. It is used for skin diseases in continental practice.—*Translator*.