

disease have been already referred to and others will have to be mentioned in connection with points yet to be considered. These variations are so great as to baffle any attempt at minute classification, as they also baffle the capacity of language. Our vocabulary, however, extensive, is quite inadequate to describe our sensations, and the similes to which the sufferer has recourse are often misleading. A rough division may be made into (1) crude sounds, such as hissing, humming, machinery, rumbling, and the like; (2) tones, as a whistle, simple musical note, or the sound of a bell; and (3) elaborate sounds, such as music or voices, distinct or indistinct. We cannot usefully separate the continuous and pulsating sounds because a continuous sound so frequently becomes pulsating when it is louder. Yet it is probable that the difference is of significance when invariable—when a sound, for instance, remains continuous, however loud it at times becomes, or remains pulsating, however slight it may often be. The precise character of sounds needs to be carefully noted, since it will probably prove to be important when we obtain more careful and discriminating observations, pathological and therapeutical.

(To be continued.)

ABSTRACTS.

DIPHTHERIA, &C.

Crocq, Sen. (Brussels). — *Contributions to the Nature and Diagnosis of Diphtheria.* "Wien. Klin. Rundschau," 1897, No. 4.

THE author reports upon two cases of typical angina lacunaris and one case of stomatitis ulcero-membraneuse, in which he found the Loeffler bacilli in great masses; therefore he concludes that the microscopical examination has no importance for the diagnosis of the diseases of the pharynx, and that it cannot show us the nature of any variation.

R. Sachs.

Gouguenheim. — *Contribution to the Study of Diphtheria in Adults.* "Ann. des Mal. de l'Or.," etc., Mar., 1897.

THE author considers that diphtheria is often overlooked in the adult owing to the comparative mildness of the disease, and consequent neglect to make bacteriological examination. The disease may closely resemble an ordinary acute angina, and the adenitis frequently present may go on to suppuration. The larynx is not often involved, and in any case dyspnoea is very rarely serious.

Paralysis is infrequent and easily cured. Short, medium, and long forms of Loeffler's bacillus are found, but no clinical significance can in the adult be assigned to the various forms. Prognosis is not influenced by the presence of other microorganisms. Contagion is well marked. Albuminuria is a frequent symptom, and is not aggravated by serum injections. Cure is often spontaneous, but antitoxin is frequently indicated. Five cubic centimètres should be given in mild cases, ten to twenty cubic centimètres in serious cases. The serum has no effect in hypertoxic cases.

These conclusions are drawn from the study of a series of one hundred and twenty hospital cases treated during 1896.

Ernest Waggett.

Hagenbesh-Burnharrdt.—*Contribution to the so-called Relapse of Diphtheria.* "Correspbl. für Schweizer Aerzte," Mar. 15, 1897.

THE author reports that the so-called relapses of diphtheria are in reality not relapses, but cases not quite cured. He relates two cases as a proof of his meaning. One child left the hospital cured by serum, and entered again after a fortnight with diphtheria of the nose; again treatment by serum. Recovery. Another child cured by serum (Behring II.) in four days; after four weeks the author still found Loeffler bacilli.

R. Sachs.

Roger and Bayeux.—*Experimental Diphtheria.* ("Croup Expérimental.") Soc. de Biologie. "Presse Méd.," Mar. 17, 1897.

THE authors have experimented with solutions of pure toxin. Intratracheal injection in guinea-pigs caused death by systemic poisoning without the production of local symptoms. Eleven rabbits were employed in the same manner, solution of toxin being injected into the intact trachea. Of these, three died of general toxæmia without local signs; the remaining eight developed well-marked false membranes, giving rise to dyspnoea, etc. The rabbits proved more resistant to the disease than guinea-pigs, and in one individual destroyed for the purpose abundant false membrane was found, but no evidence of general intoxication. The authors think the pseudo-membrane indicates a certain power of resistance to the poison, which spends its strength in causing local disturbance.

Ernest Waggett.

Tavel.—*Bacteriological Examination of Diphtheria.* Versammlung des Med. Chir. Gesellschaft in Bern, July 25, 1896.

DESCRIPTION of the different methods used in Switzerland of bacteriological examinations of material suspicious of diphtheria. The author, and all the others who took part in the discussion, thought the best method the one of Berne (sterilized pledget of cotton in glass pipe and cardboard box).

R. Sachs.

Wieland.—*Relapses of Diphtheria after Treatment by Serum.* "Correspbl. für Schweizer Aerzte," Mar. 1, 1897.

THE author has seen some typical relapses of diphtheria a short time after treatment by serum.

R. Sachs.

MOUTH, &C.

Claisse.—*Primary Actinomycosis of the Tongue.* "Presse Méd.," Mar. 31, No. 26, 1897.

A CASE is described which for some months remained undiagnosed. The disease commenced with a fissure on the edge of the tongue in the neighbourhood of a carious molar. The latter was dealt with. After an interval of some weeks the patient, a middle-aged man, returned with an indolent, firm, rounded tumour embedded in the tongue and resembling a gumma. Iodide of potassium was prescribed, and the tumour diminished in size. The drug was neglected, and the patient returned after an interval with a fluctuating swelling. On aspiration masses of ray fungus were for the first time discovered. Iodide of potassium gave a complete cure. The differential diagnosis is here discussed.

Ernest Waggett.