

illumination parallel to each other, one on each side the middle line in the cartilaginous area of the nose in health. These I have found replaced by dark shadow in several cases where the middle turbinateds were pathological and pus exuding from their neighbourhood.

So far as my own experiences goes, I have found the light reliable, *i.e.*, I have operated on the strength of its disclosures, and have not yet been misled.

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## NEW INSTRUMENTS, THERAPEUTICS, AND DIPHTHERIA.

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**Morison, Alexander** (London). *Improved Tonsil Guillotine*. "Lancet," Jan. 9, 1892.

DR. MORISON'S instrument has the handle lower down on the shank than in the guillotine generally used (Mackenzie's). The blade has a concave instead of a convex (or lancet-shaped) cutting edge, and the end of the frame is nearly square instead of round. [The modification in the handle seems to recommend itself more particularly if it be desired to operate with one hand—which is quite unnecessary—and it will be seen that the very long, oblique diameter of the fenestra, downwards and backwards, adapts it for the removal of the long down-growing tonsils, which often offer difficulties. Experience alone can prove these points.]

*Dundas Grant.*

**Cheval** (Brussels). — *Electro-thermo Cauteries*. "Journ. de Médecine de la Bruxelles," Oct., 1891. "Electrician" (Review), Dec. 25, 1891.

DR. CHEVAL recommends accumulators, but the reviewer in the "Electrician," while allowing their superiority for consulting-room work, thinks that the modern portable sealed primary batteries are preferable for use at patients' houses. He further points out the advisability of avoiding the discharge of accumulators at an excessive rate through big cauteries of low resistance. Dr. Cheval insists on the copper leads being of sufficient thickness, a point often neglected. He considers iron vastly superior to platinum as being (1) more easy to heat, (2) firmer and stiffer, (3) cheaper. To prevent oxidation the iron wire may be silvered. The resistance of iron increases much more in proportion to its rise in temperature than does that of platinum. [The difficulty found in twisting steel-wire round the fastenings of a snare may be obviated, according to McBride, by heating the attached ends in a spirit-lamp.]

*Dundas Grant.*

**Hellier, J. H.** (London).—*A Hot-Water Bag for the Throat*. "Brit. Med. Journ.," Dec. 26, 1891.

"A VERY convenient way of applying heat to the throat is to use a hot-water bag about fourteen or fifteen inches long, and three and a half to four inches wide. It must have a loop at each end, so that it may be

"tied in position from ear to ear by the tapes passing over the vertex." The author says that his patients prefer it to the usual fomentation. It is made by Messrs. Reynolds and Branson, Leeds. *Hunter Mackenzie.*

**Allen, C. W.** (New York).—*The Tannate of Mercury in the Treatment of Syphilis.* "Med. Rec.," Jan. 2, 1891.

THE tannate is precipitated from a solution of nitrate of mercury by tannate of sodium. Allen gives it at first in doses of half a grain thrice daily. This is increased to the point of toleration, and then again diminished. He claims for it (1) stability; (2) ready assimilation and elimination; (3) safety with relatively large quantities; (4) less tendency to salivate than calomel or the protiodide; (5) less tendency to cause diarrhoea than the bichloride or the protiodide; (6) toleration by children in doses of one-third of a grain to two-thirds of a grain per diem; (7) stability in the stomach and non-decomposition prior to entering the small intestine. [Allen lauds it over the protiodide rather than over the grey powder.]

*Dundas Grant.*

**Soble, M. D.** (Rochester, N.Y.)—*Atropine in Hæmoptysis.* "Med. Rec.," Jan. 2, 1892.

FULL doses of atropine diminish blood-pressure by dilating the peripheral systemic vessels. In this indirect way they lower the tension on the pulmonary arterioles—not by direct vasomotor nervous action. Small doses have an effect more or less contrary to this. In severe hæmoptysis Soble gives enough atropine hypodermically to produce full dilatation of the pupils as rapidly as possible. This may be one-sixtieth of a grain, repeated, if necessary, in an hour. The later doses may be combined with a little morphine to check the cough. He has used this treatment four times.

*Dundas Grant.*

**Paris Correspondent of the "Lancet."**—*Cocaine as an Anæsthetic.* "Lancet," Jan. 9, 1892.

IN the Société de Chirurgie, on the 23rd of December, the safety of subcutaneous injections of cocaine was discussed.

M. Quenu used in sixty cases a two per cent. solution, the maximum quantity injected being seven centigrammes (about one grain). In three he had disquieting symptoms; in one, formication of the extremities, anæsthesia, and finally cerebral excitement. M. Schwartz, in three hundred cases, had had no accident. For the limbs his maximum dose is seven centigrammes, for the tunica vaginalis ten centigrammes, and for the face and trunk five centigrammes. Esmarck's bandage, by retarding diffusion, affords tolerance for larger doses. M. Regnier observed two cocaine accidents, both in "cardiac" patients, one of whom developed cardiac failure and died a month later. The dose was only one centigramme (about one-sixth grain). He thinks concentration of solution is dangerous, and that one per cent. is strong enough. M. Reclus has used it over one thousand times, with very little anxiety. [The abstractor has used it frequently in dose of one grain—several times for tracheotomy—without any untoward result.]

*Dundas Grant.*

**Stickler** (Orange, N.J.)—*Beware of the Free Use of Cocaine in Hay Fever.*  
“New York Med. Journ.,” Oct. 31, 1891.

THE reasons for the warning given are :—

1. May cause great depression of vital powers.
2. Seriously impairs appetite.
3. May produce insomnia.
4. In some people it acts as a powerful diaphoretic.
5. It may cause troublesome congestion of the nasal mucous membrane.
6. Its effects in stopping sneezing being only temporary, in bad cases it must be used very often.
7. It alters the temper, causing mental depression and irritability, &c.
8. It causes constipation.
9. It does not cure hay fever.

*B. J. Baron.*

**Smith, G. Cockburn** (Kensington).—*Prevention of Cocaine Poisoning.* “Brit. Med. Journ.,” Dec. 5, 1891.

PREPARATION of the patient is recommended, by giving him a drop of a one per cent. alcoholic solution of trinitrine one minute before administering the cocaine, and repeating the dose at intervals if the pulse be not affected, and neither pain nor fulness in the temporal region be experienced. Attention should be paid to the type of patient. It is pointed out that in the neighbourhood of the face it is unsafe to inject hypodermically more than two centigrammes (one-third of a grain), and that not more than from four to five centigrammes should be allowed to come in contact with a mucous surface.

*Hunter Mackenzie.*

**Editors of the “Lancet.”** *Death under Chloroform.* “Lancet,” Jan. 9, 1892.

A CASE of death of a carman, of full habit, addicted to drink, with emphysematous lungs and thin, fatty heart. The anæsthetic was administered in order that the source of bleeding from the bowel might be investigated. The breathing was observed to stop suddenly (an inhaler, with Krohne’s patent respiration indicator, was used), but the pulse continued for a time. Every means was employed, and the failure of attempts at resuscitation appears to have been due to the comparative rigidity of the chest walls and the saturation with chloroform of the large amount of “residual” air. [This case is not so much an argument against chloroform as against its use in emphysematous subjects.]

*Dundas Grant.*

**Editors of the “Lancet.”**—*Prof. Bobroff on the Treatment of Chloroform Accidents.* “Lancet,” Jan. 9, 1892.

PROF. BOBROFF recommends the subcutaneous injection of “normal saline solution” (0·6 per cent.) of common salt in case of failure of the heart’s action during chloroformization. If only a moderate amount of blood has been lost before symptoms of danger show themselves, an ounce or so suffices ; but in anæmic patients, or after considerable loss, three and a half to seven ounces may be required. Absorption of the fluid readily takes place, but manipulation of the part facilitates it. The fluid may be made alkaline by the addition of 0·05 per cent. of caustic

soda. The other most valuable remedies are, he considers, lowering the patient's head, galvanizing the vagus (!), and Sylvester's method of artificial respiration.

*Dundas Grant.*

**Beverley Robinson** (New York).—*Notes on General versus Local Treatment of Catarrhal Inflammations of the Upper Air Tract.* "Med. News," Oct. 3, 1891.

THIS was a paper read before the American Climatological Association, and in it the author expresses the opinion that nasal obstructions *per se* do not require treatment, but if a source of disease the lining membrane must be removed. The nasal douche is a two-edged sword. Oily sprays are recommended. Liver and stomach troubles must always be considered as causes of nasal hypertrophy, etc., as also rheumatism and gout. Enlarged lingual tonsil is often the cause of so-called globus hystericus, and the cough of hysteria, anæmia, etc., is frequently due to this cause. Lithæmic conditions may act as a cause of enlargement of the lingual tonsil.

*B. J. Baron.*

**Lincoln** (New York).—*The Use of Pyoktanin in Diseases of the Upper Air Passages.* "New York Med. Journ.," Oct. 31, 1891.

AFTER quoting a number of authors who have published results of the use of this drug, the author relates his own experience.

When used in solution it ought to be prepared every three or four days and kept in coloured glass bottles. Four cases of empyema of the **antrum** were treated with it with good effect. Also in suppurative ethmoiditis, after dead parts were removed, it quickly caused healing; in fact, whenever there is suppuration and ulceration of mucous membrane present, it is of value, whether syphilitic, aphthous, or simple. A fifty per cent. solution is good in acute and chronic follicular inflammation of the tonsils. Lincoln has used it in two cases of diphtheria; rolls of cotton wool soaked in a ten per cent. solution were placed in the nostrils at night, and did so much good that it was afterwards used more extensively with great benefit. He likes it in membranous rhinitis, and also in non-specific ozena.

[I have found it valuable in a case of lupus of the soft palate and naso-pharynx with ulceration, the ulcers beginning to heal soon after it was thoroughly rubbed into them.—*Rep.*]

*B. J. Baron.*

**Laker** (Graz). — *Die Heilfolgen der inneren Schlampuntmassage bei den Chronischen Erkrankungen der Nase, des Rachens, der Ohren und des Kehlkopfs.* ("The Curative Effects of Internal Massage of the Mucous Membrane in Chronic Disease of the Nose, the Pharynx, the Ear, and the Larynx.") Leuschner und Lubensky. Graz, 1892.

THE author has applied vibration massage to the nasal mucous membrane in many cases, and has found the method invented by Dr. Braun in Trieste to be very useful and give excellent results.

*Michael.*

**Strubing** (Greifswald).—*Therapy of Diphtheria.* "Deutsche Med. Woch.," 1891, No. 48.

REVIEW of the different treatments of the disease, only such cases being regarded in which Loeffler's bacilli were found. The author recommends

beginning with all treatment as early as possible, because the chances are better in the earlier stages of the disease. He recommends hydrargyrum cyanatum, and for diphtheritis scarlatinosa caused by streptococci local treatment with carbolic acid. *Michael.*

**Güntz** (Dresden).—*Ein Heilmittel für Diphtheritis.* (Cure of Diphtheria.) Arnold, Dresden, 1891.

RECOMMENDATION of internal use of chromic water. *Michael.*

**Pariset.**—*Treatment of Diphtheria by Irrigations of Salicylic Acid.* "Boston Medical and Surgical Journal," Oct. 15, 1891.

THE author is quoted in an editorial as recommending and using successfully irrigations of the following mixture :—

Acid, salicylic .....	1 part.
Water.....	980 „
Alcohol (90 per cent.) .....	20 „

The irrigation is made by means of a fountain syringe, the patient being held with the head over a vessel. The quantity used is about three or four ounces, and the frequency is guided by circumstances, but it may be very often in bad cases. It is alleged that false membranes thus detached form slowly and imperfectly again. Berthold, of Dresden, Mozard and Bergerm, Goutheim, d'Espiné, and Picot are all quoted in the editorial as favourable to the use of this drug. Weise is also mentioned as using frequent topical applications of the same substance with great advantage.

*B. J. Baron.*

**Barbier** (Paris).—*The Treatment of Diphtheria.* "La France Médicale," Jan. 1, 1892, and "Lancet," Jan. 9, 1892.

FOUNDING on the investigations of Klebs, Loeffler, Roux, and Yersin, which show that the bacillus is confined to the false membrane, and does not penetrate either the blood or the tissues, Barbier recommends detachment of the membrane by means of cotton wool on forceps (so as not to cause an excoriation on which the bacillus may breed), then the application of carbolic acid or, better, of a mixture of sulphovincic acid (100) and carbolic acid (20) every hour during the day, and every two hours in the night. Before each application the naso-pharynx has to be irrigated with warm water, to which a small quantity of a 1 to 40 alcoholic solution of salol has been added. He advises the internal administration of calomel and naphthol to promote antiseptis in the intestines, vitiated by the swallowing of false membrane, etc. General tonic treatment, fresh air and sunlight, and the avoidance of close rooms and steam, complete his recommendations. [At a recent meeting of the British Laryngological Association the abstractor related the satisfactory experience of treatment founded on the same principles as that of M. Barbier, but the views expressed were by no means unanimously accepted.]

*Dundas Grant.*

**Jayne** (Georgetown).—*An Experience with Diphtheria at a high altitude.* "Med. News," Oct. 3, 1891.

THE author reviewed sixty-eight cases treated in the Rocky Mountains at an elevation of 8500 feet above sea level. The death-rate was moderate

The fatal cases were mostly those in which extension to the nasal cavities occurred, which happened in one-half the cases. The degree of dampness of air and soil probably had some influence on the type of disease, humidity being favourable to the development of the bacillus. The degree of elevation, *per se*, is not a determining factor.

Dr. Rogers, of Denver, advised early treatment of the nares. Moisture favours the disease, which is most common in Colorado as the snow melts. He prescribes iron and mercury.

Dr. Glasgow, of St. Louis, has lost twelve cases during the past twelve months, which he ascribes to the use of mercury. He prescribes peroxide of hydrogen.

*B. J. Baron.*

**Wynne, E. T.** (London).—*Diphtheritic Dysentery*. "Brit. Med. Journ.," Dec. 19, 1891. Path. Soc. of London, Dec. 15, 1891.

CARD specimen.

*Hunter Mackenzie.*

**Drobnik.**—*Twenty Tracheotomies performed during 1890 in Posen, with Remarks as to the Treatment and Course of Croup and Diphtheria*. "Nowiny Lekarskie," Nos. 5 and 6, 1891.

IN twenty cases one-half ended successfully—a relatively good result, considering that most of them were serious.

The results of treatment in croup by tracheotomy depend on several causes. To these latter belongs a kind of diphtheritic infection. It is known that, besides very slight forms of diphtheria, we meet with very grave ones; there are also transitory forms. Malignant epidemics, according to the author's experience, happen mostly in spring, whereas in autumn they are slighter. For the most part, the presence of streptococci complicates in a very dangerous manner a pure infection with Loeffler's bacilli, although these latter also differ in their malignancy. The symptoms of croup may appear in the course of benign as well as malignant diphtheria. There tracheotomy not only saves the patients from suffocation, but directly acts in a therapeutic manner on diphtheritic ulcers of the larynx, relieving the superfluous, though insufficient, function of the larynx. The same is not to be expected in grave (septic) cases. It is impossible by tracheotomy to prevent the inflammation of the kidneys, or paralysis of the vagus nerve; yet the patient may be spared pneumonia by an early performed tracheotomy, and this likewise in cases of the so-called diphtheritic pneumonia, especially when the membranes do not reach the thin bronchi. As to the post-operative treatment, the author very deservedly speaks against the abuse of feathers in cleaning the canulas. In the treatment of diphtheria the author uses with success liquor aluminium acetici (one to four parts of water) for inhalations, as well as for brushings in graver cases.

*J. Sedziak.*