

*Dublin. National Eye and Ear Infirmary, Molesworth Street.
Established 1814.*

30 beds. Consulting Physician, Dr. Banks. Consulting Surgeon, Mr. W. Colles. Surgeons, Messrs. Swanzy and Fitzgerald. Assistant Surgeons, Messrs. Redmond and P. W. Maxwell.

Dublin. St. Mark's Ophthalmic and Aural Hospital and Dispensary for Diseases of the Eye and Ear, Lincoln Place. Established 1844.

50 beds. Consulting Physician, Dr. Little ; Consulting Surgeons, Sir G. H. Porter and Dr. E. H. Bennett ; Surgeon, Dr. Story ; Assistant Surgeons, Drs. Benson and Odevaine.

SPECIAL DEPARTMENTS IN SCHOOLS OF MEDICINE.

Adelaide Medical and Surgical Hospital.

Aural Surgeon, Dr. Swanzy.

City of Dublin Hospital.

Aural Surgeon, Mr. A. H. Benson.

St. Vincent's Hospital.

Aural Surgeon, Mr. D. D. Redmond.

Royal College of Surgeons.

Professors of Ophthalmic and Aural Surgery, Professors A. H. Jacob Fitzgerald and Story.

THERAPEUTICS AND DIPHTHERIA.

Chappell, W. F. (New York).—*Europhen in the Treatment of Throat and Nose Diseases.* "Med. Rec.," April 23, 1892.

IN atrophic rhinitis Dr. Chappell cleanses with a half per cent. solution of creolin, and then blows in powder of europhen so as to cover the parts. He finds the discharge become yellow, then watery, and the mucous membrane red and puffy. After operations he finds it valuable as a hæmostatic and antiseptic.

Dundas Grant.

Belfield, Wm. T. (Chicago).—*On the Use of Iodine Trichloride in Surgery.* "Med. Rec.," July 16, 1892.

IN crystals or dissolved in distilled water or alcohol this compound is stable, but in contact with any animal matter in solution—urine, pus, blood, saliva, meat infusions, etc.—it is split up into iodine and chlorine. A one per cent. aqueous solution sterilizes cultures of staphylococcus or streptococcus. Belfield has used it in suppuration in general, tuberculosis, ammoniacal cystitis and venereal sores, and has found it more efficacious

than iodoform or hydrogen peroxide. It is caustic in strong solution, and injures clothing and instruments. For hypodermic use he employs one-tenth to one-half per cent. solution in distilled water, or in one of glycerine to four of water. For suppurating wounds he uses for irrigation from one to five per cent. in distilled water, alone or with glycerine; for putrid surfaces (cancerous), venereal sores, etc., a five to twenty per cent. solution in equal parts of water, glycerine, and alcohol. [Miller found a 1:2000 solution the most effective agent for sterilizing the mouth.—*JOURNAL OF LARYNGOLOGY, Sept., 1891.* *Dundas Grant.*]

Freudenthal, W. (New York).—*Poisoning by Creosote.* "Med. Rec.," April 23, 1892.

THE author, a believer in the great efficacy of creosote in large doses, describes a case in which most exceptional symptoms presented themselves. The patient, with tuberculous disease of throat and chest, was ordered drops consisting of one part of creosote (beech-wood) to two parts of compound tincture of gentian. Of this combination two drops were taken three times a day in water, each day one drop more being added to each dose. Thus the dose was rapidly increased to one hundred drops without any discomfort as long as the patient was able to get out, but when her child's illness kept her indoors the creosote made her dizzy, as though she had taken strong wine. She resumed the drug when again able to be out of doors. She got up to three hundred drops, and, one day not feeling well, she very soon after one dose took a second of the same quantity. She had then to go to bed, where she lay unconscious for eight or nine hours like one in narcosis. Her teeth were clenched, her lips cyanotic, pupils contracted and immobile, pulse 128, and respirations about 30. Ammonia was held under the nose, a mustard foot-bath was given, and ice was applied to the head. She recovered, and was able to resume the medication. The case shows what large doses can be tolerated, and also the intoxicating effect of doubling a large dose.

Seeing the uncertainty of the size of "drops," Freudenthal recommends the administration of creosote in pill mass with liquorice enclosed in capsules.

In cases of creosote poisoning, if external excitants prove ineffective, large quantities of soluble sulphates should be given, as Hare has experimentally found them antidotal. *Dundas Grant.*

Penrose, Geo. R. (Washington).—*The Treatment of Pulmonary Tuberculosis by Creosote.* "Med. Rec.," April 9, 1892.

Dr. PENROSE enumerates the most important communications on this subject, and adds his strong opinion in favour of the method. He considers that the doses should be large. He commences with a teaspoonful of an emulsion of cod liver oil and acacia thrice daily, containing two minims of creosote. Nausea, if threatening, is prevented by the patient lying on his back for half-an-hour after taking the medicine. After a week the dose of creosote is increased to three minims, and by slow degrees the patient is got to take six minims eight or ten times a day. He uses only Merck's beech-wood creosote, and believes his results are

better than those obtained from the use of guaiacol. Without having effected actual cures, he claims to have restored many to a capacity for active work who would otherwise have died. *Dundas Grant.*

Medin (Stockholm).—*The Treatment of Diphtheria.* "Eira," 1892, No. 9.

THE author treated forty-five children with diphtheria with local treatment, consisting of painting of the throat with a half per cent. solution of sublimate, combined with a five per cent. solution of tartaric acid. Only three deaths occurred. *Holger Mygind.*

Ozegowski.—*A Method of Treatment of Diphtheria.* "Nowiny Lekarskie," 1892, No. 3.

THE author during ten years has not had one case of death resulting from diphtheria, thanks to his treatment, which is as follows :—With a wad he brushes every two to three hours the parts which are covered with membranes, using the following solution : Rp. Acidi carbolici crystalis ; acidi nitrici crystal ; kal. iodo aa 3,00—5,00 ; Cognac (fine champagne), 100,00. In older children he advises, besides, gargling with a solution of chlorate of potash or common salt. He does not permit the use of milk, As a drink, he gives lemonade, made of lemon juice. *John Sedziak.*

Smith, Lewis J. (New York).—*Recent Investigations relating to the Prevention of Diphtheria and Scarlet Fever.* "Med. Rec.," Apr. 23, 1892.

MOST cases were the result of contact with the sick. He recommends appropriate precautions, including a blouse for the doctor, interposition of a pane of glass when examining the patient, &c. He also advises two teaspoonfuls of the following to be added to one quart of water, and allowed to simmer constantly near the patient : Oil of eucalyptus, one ounce ; carbolic acid, one ounce ; turpentine, eight ounces. The after fumigation of the room is more effectual if the sulphur is burnt over a receptacle containing water. *Dundas Grant.*

Thursfield.—*Outbreaks of Diphtheria and Scarlatina coincident with Febrile Eruptions in Cows.* "Brit. Med. Journ.," Jan. 3, 1892.

SIX out of nine of a family (as well as two cats) took diphtheria ten days after a febrile attack, with pustular eruption on udders of the three cows forming their stock-in-trade. The symptoms in two resembled experimental diphtheria. The house, isolated in position, was in good sanitary condition, and no other cases were near at hand. The cats, which died, showed true febrile diphtheria. *Ergo*, in every case of udder disease forbid the milk supply. *Wm. Robertson.*

Wissing, Joh. (Copenhagen).—*The Treatment of Diphtheria.* "Ugeskrift for Laeger," 1891, No. 6.

RECOMMENDATION of turpentine inhalations based upon the observation of one case successfully treated in this way. *Holger Mygind.*

Reiersen, A. (Copenhagen).—*Diphtheria and its Principal Complications, especially in regard to its Treatment and Prevention.* Copenhagen, 1891.

IN this book the author advocates strongly the local treatment of diphtheria by means of the galvano-cautery, or Paquelin's thermo-cautery,

with subsequent use of disinfectant solutions, and in cases of general infection sudorific treatment. *Holger Mygind.*

Bloodworth.—*Notes on the Treatment of Diphtheria by Hydrogen-peroxide.* "Therap. Gazette," May 16, 1892.

EFFECTUAL when used as spray or gargle. *B. J. Baron.*

Kraus (Berlin).—*Application of Tribromate of Iodine in Diphtheria.* "Archiv für Kinderheilk.," Band 14, Heft 1.

THE author has applied the medicament in three cases with good result. *Michael.*

PHARYNX AND LARYNX.

Linsley, Joseph H. (New York).—*The Micro-Organisms of the Mouth.* "Med. Rec.," July 16, 1892.

IN a paper read before the Vermont State Dental Society the author protested against the prevalent application of the name leptothrix buccalis to every thread. A short account is given of the modes of making the bacterioscopic examination of the mouth, and of the most important of Miller's well-known investigations (*vide* JOURNAL OF LARYNGOLOGY, Sept., 1891). A word of warning is uttered with regard to the communicability to patients of pathological conditions from which the dentist may be suffering, especially tuberculosis. *Dundas Grant.*

Morrice, G. G. (London).—*On Perforations through the Anterior Pillars of the Fauces.* "Lancet," July 16, 1892.

THE writer quotes Dr. Walter Fowler's clinical note ("Lancet," Nov. 30, 1889), in which he expresses the opinion that these perforations are caused by suppurative or phlegmonous mischief in the tonsils, and generally as the result of scarlet fever. Dr. Morrice narrates three cases in which the cause was diphtheria. In two an oval piece of the left anterior pillar sloughed out, and post-diphtheritic sequelæ occurred. In the third a small hole formed in the right anterior pillar. He has seen perforation and partial destruction of the soft palate from scarlatina, but considers that diphtheria is the cause of the most complete and permanent perforations.

[Several authors have reported cases of this rare condition, in which they believed the perforations to be congenital. Max Toeplitz ("Arch. of Otolaryngology," 1892, No. 1) described a bilateral case, and gives references to the literature of the subject. Bosworth, after Cohen, describes the condition as separate mucous investment of the palato-glossus muscle.]

Dundas Grant.

White, J. R. (Grays, Essex).—*Case of Swallowing Fishbones.* "Lancet," Aug. 6, 1892.

A PATIENT with abdominal pain and tenderness and pyrexia had swallowed a large piece of fishbone about a month previous. The symptoms were almost those of enteric fever. About a week later he passed per