

the air from the bellows is constantly passing through the tube during expiration, and is thus enabled to immediately enter the lungs when the piston is pressed down, and by removing the thumb from the piston expiration immediately follows without counter air-current from the bellows. Auto-respirations can thus be assisted. A constant stream of air is provided for by double bellows, and the air is heated by an "air-heater." The apparatus thus differs very considerably from the laboratory apparatus.

The author, by fitting a rubber cup to the face (face-mask), saved several lives without tracheotomy before preparing his present face-mask.

He speaks of the disadvantages of intubation as proposed by O'Dwyer. It prevents the imbibing of fluids, important in narcotic poisoning, and where the respiration has to be kept going for many hours. Vomited fluids may also enter the larynx. It will not be required where the face-mask is applicable, and he controverts O'Dwyer's arguments against forcing air through the mouth and nose. He condemns the cheap apparatus described in the "Year Book of Treatment" of 1891. With the face-mask respiration can be kept up for ten hours; after this has failed, life has been saved by him by performing tracheotomy. The face-mask obviates the practice of intubation. The author's experience of "forced respiration" is greater than that of any other surgeon, and has been extremely favourable.

R. Norris Wolfenden.

DIPHTHERIA, &c.

Schlichter (Wien).—*Contribution to the Etiology of Diphtheria in Infants.*

"Archiv für Kinderheilkunde," Band 14, Heft 3, 4.

The author refers to twenty-seven cases of diphtheritic infections in infants observed by him. Nearly all cases were sporadic, and could not be related to a special infection. He concludes that diphtheria of infants has no relation to puerperal diseases of the mother, that it must be caused by diphtheritic infection also if this cannot be proved for an individual case, and that the individual predisposition of infants is increased by diminished resistance caused by atrophy or lung diseases.

Michael.

Baginsky, A. (Berlin).—*Etiology of Diphtheria.* "Berliner Klin. Woch.," 1892, No. 9.

COMPARE the report on the meeting of the Berliner Medicinische Gesellschaft, Jan. 30, 1892.

Michael.

Williams (Richmond).—*Diphtheria.* "The American Practitioner and News," March 12, 1892.

THE author believes the disease to be local at first, the system being infected later on. Early diagnosis and treatment being imperative, he advises us to remove a piece of the membrane, stain it in fuchsin or

gentian violet, and examine for the bacillus. He has had the same good results as Seibert had with hypodermic injections of aq. chlori. through the membrane. Mere gargling or spraying with antiseptic solutions fails to reach the bacilli. Tonic treatment and scrupulous cleanliness are insisted on.

B. J. Baron.

Fischer, Louis (New York).—*An Early Method of Diagnosis in Diphtheria.* “Med. Rec.” Dec. 5, 1891.

THIS is by means of a stroke-culture from a scrap of the membrane removed with sterilized instruments from the patient's throat. In from twelve to eighteen hours colonies of the bacilli can be obtained. The biological test on white mice is also recommended. *Dundas Grant.*

Bokai.—*Report on the Present Standard of the Treatment of Diphtheria.* Königliche Gesellschaft der Aerzte in Budapest. Meeting, Feb. 13, 1892.

REVIEW.

Michael.

Heysinger (Philadelphia).—*Potassium Permanganate in Diphtheria.* “Journal of Ophthalmology, Otology and Laryngology,” Jan., 1892.

THE author treats diphtheria by administering every hour, or in bad cases every half-hour, one teaspoonful of a solution of one grain of permanganate in three ounces of water alternately with a mixture of five drops of tincture of belladonna in the same amount of water. This is steadily carried out for twenty-four to thirty-six hours, and the results claimed are extremely good.

B. J. Baron.

Dabney (University of Virginia).—*The Appearance of Nervous Symptoms in the Early Stages of Diphtheria.* “Med. News,” Jan. 16, 1892.

NUMBNESS and tingling in the limbs, especially in the arms, but accompanied with no loss of tactile sense, nor of sense of pain, and with no motor disturbance, was noted in a child on the second day of the attack. These phenomena lasted three or four days. In another member of the same family, also suffering from the same disease, these symptoms made their appearance on the first day, and lasted three days.

Both patients got quite well.

B. J. Baron.

Turner.—*Successful Treatment of Membranous Croup without either Tracheotomy or Intubation.* “The Times and Register,” Mar. 19, 1892.

THIS is the title of a paper read at the Philadelphia County Medical Society's meeting, held Feb. 10, 1892.

The treatment consisted in the administration of chloride of ammonium and syrup of tolu by the mouth, and of suppositories containing assafœtida, quinine and codeia. Four cases were thus treated, and all recovered.

Dr. Rosenthal expressed surprise [*as we also desire to do*] at such a formidable disease being so easily combated. He found that his statistics showed that three recovered out of 420 cases where neither tracheotomy nor intubation was practised, and where the diagnosis was *undoubted!*

Dr. Wharton found that 43 per cent. of croup tracheotomies recovered at the Children's Hospital last year. Inhalations and tonic treatment were also advocated.

Dr. Trantman gives bichloride of mercury, tincture of iron, and chlorate of potash. If an emetic does not bring away the membrane at once he tracheotomizes.

Dr. Nutt has had four deaths out of seventeen intubations.

Dr. Roberts advocated intubation in suitable cases.

Dr. Da Costa believes in the internal administration of mercury, with quinine. He does not think that croup and diphtheria are identical.

Dr. Deaver thinks that intubation blocks the larynx in croup and depresses. He uses calomel to salivation.

Dr. Massey prescribes insufflations of powdered sulphite of soda, which dissolves the membrane in twelve to twenty-four hours.

Dr. Longaker uses solutions of peroxide of hydrogen sprayed or swabbed on.

Dr. Rosenthal believes that diphtheria and croup are clinically the same. He protests against the indiscriminate use of emetics, and relies on pure peroxide of hydrogen locally, and tonics and stimulants generally.

B. J. Baron.

Martindale.—*A New Method of Treatment of Diphtheria, based upon Three Years' Practical Treatment.* “New York Med. Journ.” Feb. 13, 1892.

THIS consists in heating the temperature of the sick room to 104° Fahr., and saturating the atmosphere with the vapour of tar and turpentine in equal proportions. Twenty-three patients had thus been treated, with only one death.

B. J. Baron.

Rehn (Frankfurt-a-M.).—*Local Treatment of Pharyngeal Diphtheria by Lig. Ferr. Sesquichlorate.* XIe. Congress für innere Medizin. Meeting, April 22, 1892.

RECOMMENDATION of this treatment, which the author has applied in many cases with good result.

Tooth, Howard (London).—*Case of Enteric Fever with Pulmonary Complications, followed by Laryngeal Diphtheria; Tracheotomy; Death; Necropsy.* “Lancet,” April 2, 1892.

THE evidence of typhoid fever was unquestionable. The larynx and trachea were found to be lined with diphtheritic membrane, but free from ulceration and from necrosis of cartilage. Death seemed to be from causes unconnected with the larynx, as breathing without the canula was possible for some hours before death.

Dundas Grant.

Mallins, H. (Watton).—*Diphtheria arising from Faulty Drainage.* “Lancet,” Mar. 12, 1892.

A CASE of diphtheria (followed by paralysis) in a boy who slept in a room the air of which was polluted by emanations from a cess-pit. There was no other case in the neighbourhood, and it is apparently a mystery how the specific bacillus got into the cess-pit.

Dundas Grant.

Mayer, Wilhelm (Fürth).—*Operative Treatment of Diphtheria in Fürth, 1877-92.*

OF 316 cases of tracheotomy, 103 (= 32·5 per cent.) cures. Of eight cases under a year one was cured. In twelve cases the child died on the table

because the operation was performed too late. The cause of death was in some of the cases exhaustion ; in others, inspiration of a membrane. Usually chloroform was given. The superior operation should be preferred, because the inferior is very difficult on account of the thyroid or thymus gland. The author reports some cases in which the tracheotomy was followed by disagreeable complications, and mentions some cases in which the canula only could be removed after a long time. Intubation also was tried by him, but without great success. He concludes that tracheotomy is easier for the physician.

Michael.

Frankel, E.—Aerzlicher Verein in Hamburg. Meeting, March 22, 1892.

THE author showed microscopical specimens of true diphtheria and scarlatinous diphtheria. In cases of true diphtheria Loeffler's bacillus is always found, in scarlatinous diphtheria this micro-organism is not.

Michael.

NOSE AND NASO-PHARYNX, &c.

Bresgen (Frankfurt-a-M.)—*The Question of Obstructed Nasal Respiration, especially in Children.* “Jahrb. für Kinderheilk.” Band 34.

POLEMICAL article.

Michael.

Bresgen (Frankfurt-a-M.)—*Relation between Diseases of Speech and Diseases of the Nose and Pharynx.* “Monatsschrift für die gesammte Sprachheilkunde,” 1892, No. 4.

IF there is any obstruction of the nose, often the forms of the bones of the nose and palate are changed, and the muscles cannot perform their functions as in normal cases ; therefore the difficulty in learning to speak is much greater in children with these diseases than in normal cases.

Michael.

Grünwald.—*Rhinological Demonstrations and Communications.* Aerztlicher Verein in München. Meeting, Feb. 10, 1892.

REPORTING review on nasal suppuration, with special regard to the experiences of the author on caries of the ethmoid bone. In such cases he extracts the carious parts by forceps and sharp spoons.

Michael.

Ziem (Danzig).—*Intra-ocular Diseases consequent upon Nasal Diseases.* “Munch. Med. Woch.” 1892, No. 16.

IN a patient who had cancer of the nose, and consequently upon it a diminution of the field of vision in his left eye, the author obtained temporary improvement by cleansing the nose.

Michael.

Schweinitz.—*A Note on Asthenopia and Intra-Nasal Disease.* “Med. News,” April 2, 1892.

THE author relates cases in which there was violent head pain on exposure to sunlight, or on reading, or using the eyes, with error of refraction.