

little swelling of the region operated upon or of the neighbouring parts occurs, the patient is left to absolute rest and antiseptic inhalations. If recurrence tends to occur, the ordinary applications are supplanted by lactic acid.

Immediately after the operation the patient feels a modification of the symptoms which called for the operation.

It is this amelioration which decides him to exercise the patience asked, and to demand the continuation of the treatment.

(To be continued.)

THERAPEUTICS AND DIPHTHERIA.

Jahr.—*Improved Apparatus for Inhalations.* “Therap. Monats.,” July, 1890.
MODIFICATION of the apparatus described by the same author two years ago in this Journal. *Michael.*

Hughes (Soden).—*On Aristol.* “Deutsch. Med. Woch.,” Nos. 18 and 19, 1890.
THE author has applied the new medicament in diseases of the nose, pharynx, and larynx in the form of insufflations. He recommends it especially for cases of chronic dry rhinitis, ozaena, and laryngitis, because of its effect in increasing the secretion. *Michael.*

Rosenbaum, A. B. (Mohilev-Podolsky).—*Menthol and Oils of Eucalyptus and Peppermint in Pulmonary Phthisis.* “Novosti Terapii,” No. 13, 1890, p. 192.

THE writer highly recommends frequent inhalations of a mixture of one part of menthol, three parts of eucalyptus oil, and two of oil of peppermint. When at home, the sufferer should pour several drops of the mixture on the surface of hot water; when out, the mixture (three—four drops) should be inhaled from a handkerchief. The treatment is said to be rapidly followed by a marked decrease of expectoration, alleviation of cough, and amelioration of the patient's general state.

Valerius Idelson.

Nykamp (Leyden).—*Experiments on the Effect of Weigert's Hot-Air Apparatus on Laryngeal Tuberculosis.* “Deutsch. Med. Woch.,” No. 18, 1890.

THE temperature of the pharynx during inhalation of air of 210° was 55°; in the trachea it was only 36°. The application in cases of phthisis was without any effect. *Michael.*

Ürevitch (Flatopol).—*Aniline in Pulmonary Phthisis.* “Rüsskaia Meditzina,” Dec. 31, 1889, p. 745.

DR. ÜREVITCH relates an instance of what he regards as “cure of phthisis” by Professor Kremiansky's method. A midwife and *feldsheritza* (medical assistant), thirty-one years of age, with typical symptoms of one year's “standing (including tubercle bacilli in the sputa, dry cough, dulness and

“crepitant râles over the left apex, blood spitting, hectic fever, progressive emaciation, etc.), was subjected to the following rather poly-pharmaceutical treatment : (1) Deep inhalations of a mixture consisting of $\frac{1}{4}$ teaspoonful of boracic acid, 1 tablespoonful of boiled water, 1 tablespoonful of pure white aniline, 40 drops of peppermint oil, and 20 drops of carbolic acid ; they were made by means of Kremiansky’s inhaler and repeated not less than 600 times a day. (2) $\frac{1}{4}$ teaspoonful (*sic*) of antifebrin and 4 drops of aniline oil internally, 3 times daily. (3) Inunction of the salve : R. Acidi boracici, olei anilini ana ʒj ; ol. menthol piperitæ ʒij ; vaselini ʒj. M. D. S. To rub into the whole chest at bed time. To cover the parts with paraffin paper. Now and then the salve was replaced by a mixture of 1 ounce of aniline oil with 1 pound of French turpentine oil. (4) From time to time the dull area was painted with iodine tincture, or blistered. (5) Ferro citrate of quinine internally (for anæmia). (6) Mixed dietary with sour articles of food ; 6 tablespoonsful of meat powder.”

The first effects of the treatment consisted in a blue colouration of the lips, nails, nose, and ears, giddiness, aural noises, and cardiac palpitations. The symptoms, however, gradually subsided, the patient subsequently bearing aniline quite well. On re-examination of the lady at the end of three months’ course, her temperature proved to be normal ; night sweats, cough, chest pain, tubercle bacilli, had disappeared ; dulness had become hardly perceptible ; vesicular breathing restored ; the patient had gained 12 pounds in weight, “feeling quite cheerful, well, and even strong.”

Valerius Idelson.

Bresgen (Frankfort-on-Main).—*Application of Pyoktanin “Merck” in the Nose and the Throat.* “Deutsch. Med. Woch.,” 1890, No. 24.

As a treatment after the application of the galvano-cautery the author has applied insufflations of pyoktanin with best results. *Michael.*

Baden (Denmark).—*A Case of Cocaine Poisoning.* “Hospitals-Tidende,” 1889, No. 17.

IN a delicate lady, aged thirty-eight, with polypus of the nasal cavity a small plug with a twenty per cent. solution of cocaine was introduced in both sides of the nose. After a short time the patient suddenly collapsed, got cold hands and feet, and spasms of the flexor muscles of the hand. Four hours later the patient began to recover.

Holger Mygind.

Fliandt, Nicolai (Denmark).—*An Epidemic of Diphtheria caused by Contagion suspended in Milk.* “Ugeskrift for Læger,” April 26, 1890.

DESCRIPTION of an epidemic of diphtheria where at first only those persons who had obtained milk from a certain dairy were attacked. The milk of this dairy was collected from several farms, amongst which was one where some cases of diphtheria had been observed several months previously to the outbreak of the epidemic described.

Holger Mygind.

Sevestre, M.—*On Early Pseudo-Diphtheritic Scarletinal Sore Throat.* “Société Médicale des Hôpitaux,” March 9, 1890.

THE sore throat (pseudo-membranous), which occurs in the course of scarlatina, is generally considered, in France, as being of diphtheritic origin, and the patients who are suffering from it are placed in the diphtheritic ward. It is, however, a variety of sore throat which ought to be distinguished: it is always an early manifestation, and develops in the first days of scarlatina; it is characterised by the production of white patches, which frequently are exactly similar to those of diphtheria, and which respect neither the uvula nor the soft palate, so that the diagnosis is often very difficult. But they do not extend to the larynx, and the general condition of the patients in most cases remains satisfactory.

These sore throats are benign, and nearly always end in recovery; further, they do not communicate diphtheria to neighbouring children. Bacteriological researches made recently at the hospital Trousseau, by MM. Wurtz and Bourges, have proved that the bacillus of Loeffler is absent, and have, on the contrary, established the presence of a streptococcus existing alone or co-existing with the streptococcus albus. This streptococcus is very similar to, but not identical with, that of erysipelas. Thus it is a secondary infection independent of diphtheria, as has already been proved clinically.

Joal.

Bonamy.—*The Employment of Eucalyptus Inhalations in Diphtheria.* Société Médicale de Nantes, March, 1890.

THE antiseptic powers of these vapours have been demonstrated by Petresco (Bucharest), Peldyck, Hinglay, and Martin. In Nantes, M. Bonamy has for some time recommended them, and prefers their employment to that of draughts of eucalyptus. The cases which he relates, and those which he has already published, constitute a series of twenty-eight cases of diphtheria, croup, quinsy and bronchitis; of this series only four cases died. The conditions of success depend on the care which was taken to charge the air of the room occupied by the patient with the vapours of eucalyptus infusion.

Joal.

Sørensen (Copenhagen).—*General Remarks on Diphtheria.* "Hospitals-Tidende," 1889, No. 14.

THIS article is based on the author's experience in the fever hospital, Copenhagen. He has never seen severe general symptoms in patients where the local diphtheric process was slight.

Holger Mygind.

Biering (Roeskilde).—*The Treatment of Diphtheria.* "Ugeskrift for Læger," 1890, Nos. 28 and 29.

ADVOCATES strongly the local treatment of diphtheria, especially frequent (every fifth minute) applications of a solution of chlorate of potash and powdered boric acid.

Holger Mygind.

Fornalba.—*Remarks on Diphtheria and Croup.* "Crónica Médico-Quirúrgica de la Habana," January, 1890.

THE author believes that diphtheria is produced by the bacillus of Klebs and Loeffler, which segregates a pathogenous substance—true diphtheritic poison. The dust of the streets contains bacilli in large quantity; these

find in the mucous membrane of the mouth and nose conditions suitable to life, and frequently, but not invariably, they grow and multiply.

Ramon de la Sota y Lastra.

Reiersen, A. C. (Copenhagen). — *Some Questions concerning Croup and Diphtheria.* *Ibid.*, No. 30.

THIS article deals principally with the errors commonly committed in the diagnoses of croup and diphtheria. Amongst other cases the author relates that of a child, aged one year, where tracheotomy was performed on account of extreme laryngeal stenosis, and where the *post-mortem* examination only showed the presence of acute laryngeal catarrh.

Holger Mygind.

Urban (Leipzig).—*Reports on Thirty-two Cases of Intubation in Laryngeal Diphtheria.* "Deutsch. Zeitschrift für Chirurgie," Bd. 31, Heft 1 and 2.

DESCRIPTION of the method, its advantages and disadvantages, and history of thirty-two cases treated with it. The results are very unfavourable. In eighteen cases tracheotomy was required after intubation—on account of the impossibility of feeding the patient, three; dyspnoea, ten; sudden obstruction of the tube, four; œdema of the ary-epiglottidean folds, one. All the cases died. Fourteen cases were treated only with intubation. Of these, three easy cases recovered. The author thinks that intubation has some advantages, such as the absence of hæmorrhage—that it can be performed without narcosis and assistance—but he believes that only in certain cases is it applicable. But its value is so much less than that of tracheotomy that no more trials are made, and now in all cases of Thiersch's clinic tracheotomy is performed as formerly.

Michael.

Dubousquet-Laborderie. — *Treatment of Whooping Cough by Antipyrine.* Société Thérapeutique, April 23, 1890.

OF a total number of three hundred cases that he has treated with this drug, he has obtained very satisfactory results in one hundred and ninety-seven, and, in some cases, the cure has proceeded with great rapidity. The accidents observed in consequence of the administration of antipyrine have been relatively rare, inasmuch as he has only noticed them fifteen times; they consisted chiefly of scarlatiniform skin eruptions, or of the phenomenon of gastric irritability. In conclusion, he says that antipyrine can and ought to be administered to children in sufficiently large doses from the beginning, doses varying from fifty centigrammes to three grammes; that preferably the drug should be taken after the paroxysms in an alkaline vehicle, or directly afterwards a cup of milk or of beef tea should be swallowed; that antipyrine is better tolerated by children whose temperature is normal than by those presenting febrile symptoms.

Joal.