like very much to know how Dr. Milligan got his Eustachian tubes closed.

Dr. MILLIGAN admitted it was a difficult thing, but essential.

Dr. LOGAN TURNER agreed that it was, with or without scarlet-red.

Abstracts.

PHARYNX.

Place, E. H.—The Bacteriologic Diagnosis, Intubation, and Antitoxin Treatment of Diphtheria. "Boston Med. and Surg. Journ.," September, 1912.

When diphtheria-like organisms are found in false membranes the case is almost invariably one of true diphtheria. In aural or nasal discharges, however, the chance of error is much greater. Hoffman's bacillus, the xerosis bacillus, and *B. pyocyaneus* are all frequently confounded with *B diphtheriæ*, the relationship of the various diphtheroid bacilli being still a matter of doubt. Strictly speaking, therefore, the virulence test remains the only way of proving the diphtheria bacillus.

Like most Americans the author is a strong believer in intubation, and only resorts to tracheotomy when respiration has absolutely failed. Plugging of the tube is found to be a rare accident; out of 414 cases of death referred to laryngeal obstruction in which intubation had been performed, 76 per cent. died from pneumonia, 20 per cent. from the extension of the membrane into the lung, and only 1 per cent. from plugging of the tube.

The frequency of pneumonia in cases of severe obstruction makes it evident that it is of the greatest importance that early relief should be given; stridor, marked retraction, or use of the accessory muscles are considered indications for intubation even in absence of cyanosis.

The early administration of antitoxin is strongly urged, and large, even heroic doses are recommended. "The first dose should be as large as the physician can decide is necessary, and intervals of twenty-four hours should not be allowed to elapse before the next if there is any doubt of its sufficiency."

The author finds it occasionally necessary to give as much as from 400,000 to 500,000 units. Anaphylaxis is extremely rare, but whenever there is the slightest fear that serum will prove dangerous, an infinitesimal dose should first be injected. If no ill-effects appear after a short time the regular dose may be given. *Knowles Renshaw.*

LARYNX.

Horn, Henry.—Palliative Treatment of Terminal Laryngeal Tuberculosis. "Journ. Amer. Med. Assoc.," September 7, 1912.

The marked benefit resulting from injecting alcohol (3 to 5 c.c. of 85 per cent. solution) into the superior laryngeal nerve in tuberculosis of the larynx is the subject of a paper in which the results were reported in ten terminal cases, all but three of which showed extensive ulceration. The results in seven of the cases was ideal, the pain and dysphagia being completely relieved. The failure in the other three was attributed to either faulty technique, or the fact that the epiglottis was involved, in which case, owing to its different nerve supply, no improvement was to be expected. *Birkett (Rogers).*