

Wassermann.—*Personal Idiocymerasy and Prophylaxis against Diphtheria.* "Zeitschrift für Hygiene," Band 19.

THE author has mixed the blood of seventeen children and thirty-four adults with lethal doses of diphtheria toxin, and has injected it to guinea-pigs. He could prove that some persons have blood with strong antitoxic effects, whilst the serum of others has no antitoxic power at all. The difference in the existence of antitoxic substances in the blood causes the difference of liability to acquire diphtheria.

Michael.

Wassermann.—*Concentration of Diphtheria Antitoxins contained in the Milk of Immunized Animals.* "Zeitschrift für Hygiene," Band 18, 1894.

ONE HUNDRED AND FIFTY CENTIGRAMMES of the milk are mixed with thirty-three per cent. ammonium sulphate, filtered, dried, and dissolved in water. The solution thus obtained contains all the antitoxins of the milk.

Michael.

Wilbur, Cressy L.—*Age and Sex Incidence of Mortality in Michigan from Diphtheria and from Croup during Twenty-five Years, 1870-94: a Statistical Study.* "The Journal of the Amer. Med. Assoc.," Aug. 15, 1896.

THE object of this paper is not to support or condemn the antitoxin or any other method of treatment of diphtheria, but rather to give an impartial account of the prevalence of diphtheria in Michigan, and one as accurate as the available statistics would permit, and so help in advancing our knowledge of this disease. "The study will chiefly show (1) the availability of mortality statistics known to be imperfect in certain directions for use in certain other directions, as evidenced by the constancy and clearness of their testimony; (2) the characteristic differences in the age and sex incidence of diphtheria and croup, and, inferentially, the inexpediency of confusing their statistics under the term 'diphtheria and croup' from a statistic point of view; (3) the desirability of ascertaining the causes, and, so far as practicable, of preventing the increased relative mortality from diphtheria of female children on reaching the age of five years and upwards."

The paper is too elaborate to permit of a satisfactory abstract being made, specially as it contains several long tables (one graphic); at the same time it is a paper that anyone interested in the statistics of diphtheria will find worthy of study.

A. J. Hutchison.

Wolf Moritz.—*Accessory Cavities of the Nose in Diphtheria, Measles, and Scarlet Fever.* "Zeitsch. für Hygiene," Band 19, 1895.

IN twenty-two cases of diphtheria the author examined the accessory cavities of the nose. In all cases the Highmore antrum was affected, and in the greater number of cases the other accessory cavities also. The infection of the accessory cavities was in all cases bilateral. In twelve cases Loeffler's bacillus was found; in the rest streptococci. In five cases of measles and three of scarlet fever inflammation of the accessory cavities was found.

Michael.

MOUTH, &c.

Égger.—*Two Cases of Velo-Palatine Insufficiency.* "Ann. des Mal. de l'Oreille et du Lar.," April, 1896.

THIS condition was described by Lermoyez (Annals, March, 1892) as a congenita anomaly—an arrested development in which the soft palate, though normal in appearance, is apparently too short, leading to insufficiency of closure of the upper

pharyngeal cavity, the shortness being due to arrest of development of the osseous palate. The symptoms produced are defective pronunciation, nasal voice, and sometimes regurgitation of fluids through the nose. Lermoyez published twelve cases, Castex one, which, with the author's two cases, make fifteen. According to Lermoyez's measurements, the length of the osseous palate, from the incisor to the posterior limit, should be sixty-one millimètres: in the author's two cases it was respectively forty-eight and fifty-eight millimètres. The length of the normal soft palate to the base of the uvula should be twenty-four millimètres; in the author's two cases it was respectively twenty-eight and twenty-five millimètres. The width of the naso-pharynx should be normally fourteen millimètres; in the author's two cases it was respectively fifteen and twenty-two millimètres. As an additional proof of developmental arrest, in one of his cases there existed congenital bi-lateral inguinal hernia; the lobules of the ears were adherent. In the second case the presence of hammer toe, and the superior lateral incisors were absent in both, a sign of degeneration according to Fraenkel.

R. Norris Wolfenden.

Lacoarret.—*Post-Diphtheritic Pseudo-Hypertrophy of the Tonsils.* "Rev. de Laryn., d'Otol.," May 23, 1896.

THE author relates a case where the tonsils assumed an enormous volume without the least trace of inflammation, in a child four years of age attacked with diphtheria. They afterwards diminished in size until they appeared absolutely atrophied. He regards the pseudo-hypertrophy as of toxic nature, a kind of lymphadenoma provoked by the diphtheritic poison, and surgical intervention would be useless and possibly dangerous. With the elimination of the poison the tonsils renewed their usual size, and may be even completely atrophied.

R. Norris Wolfenden.

Meeray, P. M., and Walsh, J. J.—*Some Notes on the Bacteriology of Mumps.* "Med. Record," Sept. 26, 1896.

DURING an epidemic of mumps in the Camden Home for Friendless Children, the authors investigated, bacteriologically, the secretion obtained from Steno's duct, also the blood, and succeeded in isolating from both a diplococcus, which, they consider, may be regarded as the pathogenic organism. Ten test tubes were inoculated with the parotid secretion; six gave a mixed growth, but in all of them there was noted a small, white, slow-growing colony. This consisted of strepto and diplococcus. The diplococcus form was found certainly in eight of the tubes.

Eight tubes were inoculated with blood drawn from the lobe of the ear. Two gave entirely negative results, three gave pure cultures of the characteristic diplococci, and three gave a mixed result, the diplococci being found, but with them other cocci, specially a staphylococcus, probably the staphylococcus epidermis albus.

A. J. Hutchison.

Price, William Henry (Philadelphia).—*Jack-stone in the Œsophagus located by the Röntgen Ray.* "The Medical and Surgical Reporter," June 20, 1896.

A GIRL, aged two and a-half years, swallowed a jack-stone. Ten days later, when she came under the author's observation, she was fretful, suffering from general malaise, and losing flesh. She was able to take liquids only, and could swallow neither solid nor semi-solid food, solid food being regurgitated in a second or two.

From the ability to swallow liquids and not solids, and the prompt vomiting of the latter after ingestion, it seemed evident that the jack-stone was in the œsophagus. The case was therefore referred to the surgeons, who obtained a good skiagraph of the chest, which showed the stone to be in the œsophagus, nearly

opposite the second rib. Dr. J. William White afterwards operated successfully, and removed the stone. *A. B. Kelly.*

Schmidt (Dusseldorf).—*The Cicatricial Adhesions of the Pharynx and their Treatment.* Dusseldorf: Schneider, 1896.

THESE cicatrices are nearly all caused by syphilis, and in spite of the mobility of the soft palate they easily arise, because the cicatricial process begins on the sides, and thus itself decreases more and more the mobility of the central parts. The adhesions of the palate and naso-pharynx cause difficulties of speech, nasal obstruction, deterioration of hearing, smell, and taste. For operation the author applies cocaine narcosis, and separates by cutting the palate from the naso-pharyngeal wall. To prevent readhesion he inserts a tube, which is combined with a palate retractor. The author reports one case in which he has applied this method with a good result. In cases of adhesion of the oval part of the pharynx the author performs preliminary tracheotomy: then divides the adhesions and dilates with lacunar bougies. This method, also, he has applied in one case with excellent result. *Michael.*

Straight, H. S.—*Unresolved Amygdalitis.* "New York Med. Journ.," Sept. 26, 1896.

THIS paper is based on two cases in which a tonsillitis, apparently simple, refused to yield to ordinary treatment. In the first case, that of a boy aged ten years, a localized capillary bronchitis was found in the right apex; creosote was administered, and this speedily removed the tonsillar inflammation and more gradually the lung trouble. The second in a girl of twenty-one, a tonsil inflamed one month after partial excision; and it was only after some time, finding a slight catarrhal condition in the apices of the lungs and resorting to creosote treatment, that a cure was obtained. *R. Lake.*

NOSE, &c.

Ingraham, Charles W.—*Cocaine applied to the Mucous Membranes of the Nostrils a Specific for Nausea.* "American Med. Surg. Bull.," Aug. 15, 1896.

Two years ago the author accidentally discovered that the application of a two per cent. solution of cocaine to the nasal mucous membrane almost instantly, in the majority of cases, relieves nausea; and his experience since then shows it to be a very reliable remedy, if not a specific for nausea. He thinks, though he quotes no cases in support of his belief, that this treatment will prove of more than ordinary value in the obstinate vomiting of pregnancy, and in those morbid conditions of the stomach in which vomiting is not only constantly threatened, but in which it does great harm. To be effective the cocaine solution must be sprayed over the upper olfactory portion of the nose. Probably no effect would follow its application along the lower respiratory portion. It is also probable that a two per cent. solution will not suit every case, but that the strength of the solution will have to be varied. *A. J. Hutchison.*

Mermod.—*Meningo-Encephalitis, consecutive to Exploration of a Supposed Frontal Sinus.* "Ann. des Mal. de l'Oreille," April, 1896.

THE patient, a man aged thirty-six, had suffered for several years from pain at the root of the nose, frontal and occipital headache, with considerable nasal discharge.