

NEW INSTRUMENTS, THERAPEUTICS, DIPHTHERIA, &c.

Cousins, J. W. (Portsmouth).—*New Nasal Clamp Forceps.* "Brit. Med. Journ.," Nov. 21, 1891.

A DESCRIPTION, with illustrations. Made by Arnold and Sons, West Smithfield. *Hunter Mackenzie.*

Vulpus (Erfurt).—*Description of a New Nasal Cautey.* "Archiv. für Ohrenheilk.," Bd. 32, Heft 3 and 4.

A CRESCENTIC piece of platinum wire, of about 2·5 centimètres in length and 0·4 millimètres in thickness, is attached to the free ends of two thicker copper wires (1·2 millimètres thick and 11 centimètres long). These free ends diverge and the proximal ends converge to a suitable galvanocautery handle, being bent to a convenient angle for nasal purposes. It is easily seen how such an arrangement of wire can be passed over any projecting body, and made to burn its way through it by short repeated closings of the circuit. *Dundas Grant.*

Szolorski (Heidelberg).—*Application of Trichloroacetic Acid in the Nose and Pharynx.* "Münchener Med. Woch.," 1891, No. 46.

DESCRIPTION of a probe for application of this drug. *Michael.*

Bürkner (Göttingen).—*Aristol in Aural and Nasal Diseases.* "Zeitschrift für Therapie," Bd. 9, No. 15.

IN cases of ozæna, rhinitis chronica, and nasal syphilis, the author has applied insufflations of aristol with best results. *Michael.*

Szoldrski (Heidelberg).—*On the Use of Creosol Iodide in Diseases of the Nose, Pharynx, and Larynx.* "Münchener Med. Woch.," 1891, No. 43.

INSUFFLATIONS of the new medicament are very useful in cases of hypersecretion of the mucous membrane, and as after-treatment in operations in the nose and pharynx. *Michael.*

Yeo, Burney (London).—*On the Conditions of the Cure of Consumption.* "Brit. Med. Journ.," Nov. 14, 1891. Med. Soc. of London, Nov. 9, 1891.

THE therapeutical indications are (1) suitable food in suitable quantities and in suitable form, to promote assimilation: (2) residence in a dry aseptic atmosphere, in the country or by the sea-side, equable in temperature but not necessarily cold: (3) repeated counter-irritation: (4) internal medication. Antiseptic inhalations systematically used were beneficial. The hypophosphites did most good in young, light complexioned patients. Dr. F. de Haviland Hall spoke highly of copaiba resin in cases of catarrh with profuse expectoration.

Hunter Mackenzie.

Loewenstein (Elberfeld).—*Europen in Nasal Diseases*. "Therap. Monats.," 1891, No. 9.

THIS new preparation of iodine was applied by the author in some operative measures in the nose ; he was content with its styptic and antiseptic powers. *Michael.*

Coghill, J. G. Sinclair (Ventnor).—*Observations on the Effect of the Injection of Tuberculin on the Pulse*. "Brit. Med. Journ.," Nov. 14, 1891.

THIS paper, which was read in the section of therapeutics at the Annual Meeting of the British Medical Association, 1891, is illustrated by a series of sphygmographic tracings, which show, as stated by the author, that the effect of the inoculation of tuberculin is simply that produced by ordinary pyretics. *Hunter Mackenzie.*

Skerritt, E. Markham (Bristol).—*On the Use of Tuberculin in the Treatment of Lupus and Tuberculosis*. "Brit. Med. Journ.," Nov. 14, 1891.

A PAPER read in the section of therapeutics at the Annual Meeting of the British Medical Association, 1891. Two cases of tubercular disease of the larynx manifested improvement under treatment, whilst a case of extensive lupus of the face and hands, and bacillary phthisis of both lungs, had a severe laryngeal reaction after the fourteenth injection. This extended to ulceration and necrosis, followed by improvement. In no instance of purely pulmonary phthisis, when the throat was healthy before injection, did mischief arise during treatment. The author concludes by saying : " In some cases it may be fairly concluded that tuberculin has done "decided good ; in others, that it has been negative in its effects ; and "again, in others, that it has probably been harmful. As to the selection "of patients for treatment, provided that very advanced cases are "excluded, the experience obtained by careful observations during the "past seven months has thrown no light upon the subject, and my "colleagues and I are still absolutely at a loss for data to determine "beforehand what are and what are not suitable cases for treatment with "tuberculin." *Hunter Mackenzie.*

Robertson, R. (Ventnor).—*Treatment of Consumption by the Hypodermic Administration of Guaiacal and Iodoform*. "Brit. Med. Journ.," Nov. 14, 1891.

A PAPER read in the section of therapeutics at the Annual Meeting of the British Medical Association, 1891. The author believes that this treatment is of advantage in reducing the fever, in diminishing the expectoration, and in modifying the cough. It is without risk, with ordinary precautions. It does not prevent the outbreak of other tuberculous outbreaks. *Hunter Mackenzie.*

Beretta, C. (Paris).—*On the Use of Dog's Serum in the Treatment of Tuberculosis*. "Brit. Med. Journ.," Nov. 14, 1891.

READ in the section of therapeutics at the Annual Meeting of the British Medical Association, 1891. As the outcome of a series of researches in Paris by Professor Charles Richet, it was found that in about one-third of tuberculous patients treated by dog's serum no result was produced. In the other two-thirds a real improvement was observed.

The author sums up thus : " Dog's serum, in men as in animals, does " not seem to have a special curative action against tuberculosis, but it " possesses a powerful action, if not against the microbe, at least against " its effects. It seems to act as a powerful tonic, and indirectly, by " improving the general nutrition, puts the patient in a better condition to " overcome his terrible disease. The blood of steers and the serum of " sheep seem to give similar results." He also refers to its good effects in syphilis, chronic malaria, and anæmia. [Prof. McFadyean, Edinburgh, affirms ("Brit. Med. Journ.," Nov. 28, 1891) that tuberculosis is by no means rare in the dog.]

Hunter Mackenzie.

Schrevens (Tournay).—*On the Method of Propagation of Diphtheria. A General Plan of Enquiry.* "Séance de la Société Beligiques de Med. Publique," Oct. 25, 1891.

1. The contagion of diphtheria is carried in schools not only by diphtheritic patients themselves, but by their relatives (brothers and sisters). These should therefore be excluded from the schools.

2. Disinfection should be practised after visiting a diphtheritic patient.

3. There is danger in placing the brother or sister of a diphtheritic patient (whom it may be desired to remove from the infected spot) in another family, since they too often carry the germs of the disease.

4. The disease is propagated through objects which have been in contact with the diphtheritic patient. A striking example has occurred in Schrevens' experience. A scarf made by a diphtheritic patient was given to a woman, and the disorder was transmitted to her two children, who died fifteen days later from it.

5. The diphtheritic microbes and spores have a very great vitality. Thorough and energetic disinfection should therefore be practised (sulphur, heat, and especially the hot air oven).

6. It is necessary to extinguish infected nuclei. To accomplish this the principle of compulsory notification must be enforced and the physician should be protected by a law which releases him from professional secrecy.

7. The cause of the propagation of the disease and the origin of epidemics is the fouling of the surface of the sore by sewage, the overflowing of cesspools, and the various animal refuse.

8. The reappearance of diphtheria in houses is especially observed in low-lying, badly-lighted, and ill-ventilated habitations.

In the discussion following the reading of this paper,

Dr. DESGUIN (of Anvers) asked how could the circumstance be explained, which he had observed in the north of the province of Anvers, of the disappearance of endemic intermittent fever, when diphtheria, up to then unknown in the district, invaded it? Was there any antagonism of the microbes or metamorphism?

Hicguet.

Baginsky, Adolf (Berlin).—*Etiology of Diphtheria—Loeffler's Bacillus.* "Archiv. für Kinderheilk.," Bd. 13, Heft 4, 5, and 6.

In 95 cases of diphtheria, Loeffler's bacillus was found in 68 cases, equal to 73 per cent. Of these 68 cases, 27 died, and also the surviving had very grave forms, and consequent paralysis. Of the 25 cases in which the

bacilli were not found, but which macroscopically made the impression of true diphtheria, only one died ; all the others were only a short time ill. The author concludes that there are two similar diseases, which can only be found out by bacteriological examination. In two cases of diphtheria scarlatinosa Loeffler's bacillus was not found. A third had firstly diphtheria, and some days later scarlet fever. Here the bacilli disappeared as the scarlet fever began.

Michael.

Tangl (Tübingen).—*Studies on Human Diphtheria.* Baumgarten's Arbeiten aus dem Pathologischen Institut in Tübingen, 1891.

BACTERIOLOGICAL researches, by which the Loeffler bacillus is proved with certainty to be the etiological cause of human diphtheria.

Michael.

Packman, A. (Rochester).—*Notes of a Case of Diphtheria: Tracheotomy—Recovery*—“ Brit. Med. Journ.,” Nov. 7, 1891.

A PAPER read and discussed, but not reported, before the South-East Branch, West Kent District, British Medical Association, Oct. 29, 1891.

Hunter Mackenzie.

Baginsky, Adolf (Berlin).—*Diphtheritic Paralyses.* “ Archiv für Kinderheilk.,” Bd. 13, Heft 4, 5, and 6.

IN thirty cases of diphtheritic paralyses, the author has observed three types. (1) Early appearance and paralysis of the palate, often combined with neuritis. (2) Paralysis later on, and this without marked sepsis or gangrene. Here paralysis of diaphragm is most dangerous. This form is characterized by complete aphonia, cough, dyspnoea, thoracic respiration, and complicating broncho-pneumonia or sudden asphyxia. (3) Of great importance during course may be only weak pulse ; sometimes affection of heart ; precordial pain ; weak sounds of heart with quickening ; great swelling of the kidney often takes place, and is very fatal. Different forms are illustrated by cases.

Michael.

Arnheim (Berlin).—*Anatomical Researches on Diphtheritic Paralyses.* “ Archiv für Kinderheilk.,” Bd. 13, Heft 4, 5, and 6.

IN eight *post-mortem* examinations of death in children from diphtheria, with paralysis, the author has examined the nerves and muscles, and has found (1) hyperæmia and capillary hæmorrhages in the nerves of the medulla oblongata ; (2) inflammatory processes in the muscles ; (3) parenchymatous and interstitial degeneration of the nervous fibres. The disease, therefore, is characterized as neuritis parenchymatosa et interstitialis proliferans.

Michael.

Strelitz (Berlin).—*Bacteriological Researches concerning the Pneumonias arising during Diphtheria.* “ Archiv für Kinderheilk.,” Bd. 13, Heft 4, 5, and 6.

IN eight bacteriologically examined cases, the following micro-organisms were found, either isolated or in combination : (1) the diplococcus Fraenkel, Weichselbaum, (2) staphylococcus pyogenes aureus et albus, (3) streptococcus pyogenes, (4) Friedländer's bacillus, (5) diphtheria bacilli. The diplococcus is found in the most cases and must be viewed as markedly etiological, but the other micro-organisms can also produce inflammatory effects in combination.

Michael.

Goris.—*Note on the Treatment of Diphtheria.* “*Presse Méd. Belge,*” 1891, No. 49.

THREE cases of slight diphtheria treated by the galvano-cautery are described. The temperature fell the day after the cauterizations, and the scars were detached five days after. The affection did not extend, and cure was complete. *Hugnet.*

Baginsky.—*Therapy of Diphtheria.* “*Archiv für Kinderheilk.,*” Bd. 14, Heft 1.

THE author has tried a great many medicaments, but he has had the impression that we have not any medicament which can be said to be specific. He has also tried, analogous to Koch’s experiments, injection of extracts of diphtheria bacillus, without any effect. The mortality of diphtheria in his hospital has been forty per cent., and, after subtraction of cases beyond hope before they came, twenty-five per cent. *Michael.*

Verstracken.—*Some Practical Considerations on Croup.* “*Annales de la Soc. de Méd. de Gand,*” Sept. and Oct., 1891.

THE author considers that the two affections, diphtheria and croup, are only varieties of one and the same disorder. After some considerations upon the symptomatology and etiology of the affection, he deals with the therapeutics, which he divides under two heads, prophylactic and curative. Diphtheria being oftenest contracted at school, he advises isolation of sick children, and those who live where there is diphtheria. Disinfection of the houses, furniture and clothing is to be performed. A general tonic treatment is recommended. Locally, applications of five per cent. aqueous solution (rendered slightly alcoholic) of phenic acid are to be made. If the affection extends to the larynx, tracheotomy is called for. *Hugnet.*

Waxham, F. E. (Chicago).—*Diphtheritic Croup at the Age of Sixty Years.* “*North American Practitioner,*” Vol. III., No. 9.

A LADY, aged sixty, was attacked with diphtheria. Difficulty of breathing was great, and Dr. Waxham was summoned to perform intubation. As soon as the tube was inserted, respiration was at once arrested, membrane having been pushed down in front of the tube. After waiting a moment, the tube was withdrawn, and an expulsive cough followed, expelling a membranous exudation, which was a whole cast of the trachea. Respiration becoming normal, and the patient being comfortable, there was no occasion to reintroduce the tube. Four days afterwards the patient died from pulmonary obstruction. *R. Norris Wolfenden.*

Sattler (Heidelberg).—*Result of Tracheotomy in Croup and Diphtheria.* “*Beitrag zur Klin. Chirurgie,*” 1891, page 8.

REPORT on 156 tracheotomies with 80 = 51 per cent. cures. *Michael.*

Aronson (Berlin).—*On Intubation in Diphtheritic Laryngeal Stenosis.* “*Archiv für Kinderheilk.,*” Bd. 13, Heft 4, 5, and 6.

OF fifteen cases treated with intubation, two were cured; one of these had tracheotomy performed afterwards, so that only one was cured by

intubation alone. Because feeding is very inconvenient, the method of intubation was given up for treatment of diphtheria. Of three cases of stenosis following diphtheria, twice it was possible to remove the canula by intubation ; in the third case removal was impossible. *Michael.*

Rause.—*Intubation in 1890 and 1891.* "Münchener Med. Woch.," 1891, No. 40.

COLLECTIVE investigations in 326 cases of primary diphtheria, with 139 cures, equal to 42 per cent. Of those cases in which tracheotomy had ultimately to be performed, six got all right out of 83 cases—equal to 7 per cent. In 17 cases of secondary there were five cures, equal to 29 per cent. For primary diphtheria, in 220 cases where tracheotomy was performed 72 cures resulted, equal to 32.5 per cent. In secondary diphtheria, 16 cases, with six cures, equal to 37 per cent. *Michael.*

Ullmann (Berlin).—*Observations on Whooping Cough.* "Archiv für Kinderheilk.," Bd. 14, No. 1.

IN the Friedrichkrankenhaus the author has treated a great many cases with bromiform, but he has not gained the impression that the medicament had any great influence, and does not believe that a specific against the disease will be easily found. *Michael.*

NOSE AND NASO-PHARYNX.

Douglas, O. B. (New York).—*The Upper Air-Passages, and their Diseases.* "Med. Record," December 12, 1891.

DR. DOUGLAS considers traumatism to be the cause of more catarrhal troubles than all other causes put together. He quotes Bosworth's views as to deformities of the nasal septum being probably the most frequent of all exciting causes of catarrh, and adds that certainly the most frequent causes of the deformities are traumatic. It is not necessary that there should be occlusion, and every deflection does not cause catarrh. The necessity of free drainage and an open respiratory tract is unquestioned ; but, in many cases, little "points of contact" are found to be the cause of great trouble. Catarrh causes contact, but contact also causes catarrh. At points of contact secretions are retained, and become acrid. The most common situation for injurious contact is between the middle turbinated body and the septum, and he advised that just sufficient tissue should be removed to prevent it. With regard to applications of remedies to the upper air-passages, detergent or antiseptic, the great point is that they should be sufficiently pleasant and easy to use, for the patient to repeat them at very short intervals.

Dundas Grant.

Grunwald (München).—*Contribution to the Surgery of the Upper Air-Passages.* "Münchener Med. Woch.," 1891, Nos. 39 and 40.

A PATIENT, forty-six years of age, suffered from a purulent discharge from the frontal bone, and a foetid secretion of the nostrils. Evidence