

April 14th. The abductor paralysis is just as great; cords do not separate on deep inspiration. There is not such marked stridor as before; phonation quite good; keeps well without suffocative paroxysms; respiration easy; no dysphagia.

April 24th. P. is in much the same condition. No increase of symptoms. Think the glottic chink a little more open; sleeps well; stridor (inspiratory) during sleep; walks well; no affection of gait; no loss or increase of patellar reflex, and no ankle clonus. There is a little weakness over bladder, some micturition occurring involuntarily when coughing sometimes.

April 27th. There is a good deal of incontinence of urine at night. Both pupils react very sluggishly to light, especially the left, which can only just be seen to react. To accommodation both react also sluggishly, the right perhaps rather more sluggishly than the left.

May 20th. Abductor paralysis still persists, but is a little less than formerly, a slight opening seen in glottis, but cords approximate on forced inspiration. Deafness better and incontinence better. Has no dyspnoic attacks. The anæsthesia of face is a little better.

Feeling fairly well, and being anxious to get to his home, he was allowed to leave the hospital under promise that the moment he felt any increased dyspnoea he would return, when it would be necessary to do tracheotomy.

On May 31st he came back, stating that since his discharge he has been getting worse, and that at night time he has had four and sometimes five bad attacks of dyspnoea, feeling choked, and getting black in the face. The condition as regards the larynx was just the same as before, namely, complete paralysis of the abductors, but there was less anæsthesia of the right side of the face. There was no headache, but some tenderness on pressure over the right occipital region, and the neck felt slightly stiff. He had some degree of bronchial catarrh. It was deemed advisable to open the trachea, as the laryngeal symptoms did not yield in the least to full doses of iodide of potassium, and tracheotomy was accordingly performed on June 1st. Since that time up to the present the patient has been apparently comfortable, and a cough he had at the time of operation has since passed off. The condition of the larynx remains just the same, and will probably always do so.

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## DIPHTHERIA AND THERAPEUTICS.

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**Stein** (Saaz-in-Böhmen).—*Therapy of Diphtheria*. "Thüringische Monats.," 1892, No. 4.

RECOMMENDATION of insufflations of sulphur and quinine. *Michael*.

**Kahn** (Würzburg).—*Results of Treatment with Cantharidinum*. "Therap. Monats.," 1892, No. 5.

NO effect by subcutaneous injections in cases of tuberculosis of the

larynx ; some effect if the same treatment be given in cases of rhinitis, laryngitis, and tracheitis sicca, but the author does not recommend the treatment because of its toxic effects. *Michael.*

**Fulton.**—*Diphtheria and its Treatment.* “Med. News,” April 23, 1892.

EARLY application of strong solutions of nitrate of silver followed by astringent and antiseptic gargle and insufflation of  $\frac{1}{80}$ th of a grain of corrosive sublimate every four hours, by means of an instrument devised by the author, constitutes the local medication. At the same time, the usual mixture of iron and chlorate of potash is prescribed.

*B. J. Baron.*

**Watkins.**—*Treatment of Spasmodic Croup and allied conditions by Compound Tincture of Iodine.* “New Orleans Med. and Surg. Journ.,” Feb., 1892.

ONE-FIFTH of a drop of the compound tincture of iodine in water was given to a child, two and a-half years old, every fifteen minutes. In an hour almost all croup symptoms were gone, and it was then given every two hours until next day ; then every four hours for four days, and the child was cured.

*B. J. Baron.*

**Florschütz.**—*Gangrene of the Lungs and Diphtheria.* “Correspondenzbl. des Aertzlichen Vereins in Thüringen,” 1891, No. 12.

A TEACHER suffering from gangrene of the lungs gave his lessons during the first period of his disease, and it is believed he expectorated on the floor of the school. Some of the school children, and the children of the workman who removed the wood of the floor, got diphtheria. The author believes that there is a connection between the two diseases.

*Michael.*

**Hochhaus.**—*Diphtheritic Paralyses.* “Virchow’s Archiv,” Band 124.

THE author does not agree with the view that the cause of the diphtheritic paralyses is in the nerves, or in the central nervous organ. He found inflammatory degenerations in the muscular fibres and the inter-muscular substance. The muscular ends of the nerves were normal, so he believes that paralyses are caused by the toxic effect of the specific virus on the muscles.

*Michael.*

**Schemm.**—*Degeneration of the Muscles of the Heart in Diphtheria.* “Virchow’s Archiv.,” Band 121, Heft 2.

IN thirteen cases dead from diphtheria, the author found fatty and granular degeneration of the fibres, swelling of the nuclei, hyaline degeneration, and atrophy.

*Michael.*

**Bluck** (Denver, Col.).—*The Effects of Altitude upon the Mucous Membranes of the Upper Air Passages.* “New York Med. Journ.,” April 9, 1892.

THE atmospheric pressure in Denver is about 12lbs. per square inch. The effect of this on a person who has been living at sea level is to stimulate the vaso-inhibitory nerves, in order to arrest the vascular dilatation of the superficial capillary system of the whole body, and especially so of the mucous membrane of the upper air tract. This

amount of nerve force is unusual, and can only be kept up for a certain length of time, and finally gives way. The result of this is capillary dilatation, especially in exposed mucous surfaces, because the amount of nerve force required for them is greater than that required for cutaneous surfaces, and therefore fails earlier. The days are very hot and the nights cold, and the nervous force being depressed the loss of heat results in a much more marked relaxation of the vaso-motor control, and acute rhinitis and tracheitis, with some feverishness and a feeling of tiredness. Resolution commonly comes on about the tenth day, and the person feels quite well in about three weeks. Physiologically, in an ordinarily humid climate, one pint of water is secreted by the nose in twenty-four hours, but the climate of Colorado is only one-half as damp as that of New York, so that the nasal mucous membrane in the former has twice as much to do as in the latter place. The effect of this is to cause dilatation of the vascular sinuses, and a true hypertrophy of the mucous membrane covering the turbinated bodies, with resulting stenosis.

As regards treatment, nothing new is suggested. *B. J. Baron.*

**Schlatter** (Zürich).—*Tracheotomy and Intubation in Treatment of Diphtheritic Laryngeal Stenosis.* "Corresp. für Schweizer Aerzte," 1892, Nos. 5, 6.

THE author reports on 510 cases of diphtheria of the larynx. Tracheotomy was performed in 408 of these cases, with 69 cures. Intubation was performed in 34 cases, with 19 deaths. In ten of these cases the tracheotomy followed the intubation. Of the latter, nine died. In two cases of chronic stenosis (one granulation stenosis; another, stenosis of the trachea in consequence of tracheotomy) intubation was performed with best results. The author concludes that tracheotomy will remain the best method in treatment of laryngeal diphtheria, but that in carefully selected cases intubation may sometimes do. In cases of chronic stenosis intubation may be applied with good results. *Michael.*

**Faulkner** (Alleghany).—*A Collective Enquiry concerning Intubation.* "Med. News," April 9, 1892.

THE opinions of a number of medical men, specialists and others, are given, but it is difficult to deduce any rules for guidance, as to the value of intubation as opposed to tracheotomy, from reading the paper.

*B. J. Baron.*

**Bloebaum** (Coblenz).—*Communications on Galvano-Caustic and Electrolytic Operations, and the After-Treatment of Cases by New Medicaments, especially in the Treatment of Diseases of the Eyes, Ears, Nose, and Naso-Pharynx.* "Deutsche Med. Zeit.," 1892, No. 45.

IN after-treatment of galvano-caustic operations the author applies methyl-violet and soda sozoiodol. It is interesting to note a case of naso-pharyngeal polypus treated with success by electrolysis.

*Michael.*