

**GREENE, G.** (Ferns, Wexford).—**The Local Application of Condy's Fluid in Syphilitic Glossitis.** *Lancet*, Nov. 12, 1887.

RECORD of a case (tertiary) illustrative of the value of this method of treatment, with no internal medication other than stomachics.

Hunter Mackenzie.

**RUULT.**—**Naphtholized Water in Ozæna and Purulent Rhinitis.** *Archives de Laryngologie*, December, 1887.

THE author employs nasal irrigations according to the following formula :—

Naphthol $\beta$	...	12 gr.
Alcohol (at 90°)	...	84 „

A teaspoonful in a litre of tepid water is employed for irrigation. A disagreeable burning pain is experienced ; it is, however, only temporary. In intolerant subjects it is necessary to use weaker solutions, and to precede the irrigation with cocaine spray.

Joal.

**CHARTERIS, MATTHEW** (Glasgow).—**The Climatic Treatment of Phthisis in the State of Colorado.** *Lancet*, Nov. 19 and 26, 1887

A DESCRIPTION and recommendation of Colorado for certain forms of phthisis, with illustrative cases.

Hunter Mackenzie.

**HAMBLETON, G. W.** (London).—**The Scientific Treatment of Consumption.** *Lancet*, November 26, 1887.

THIS consists of "short notes of the four cases to which reference was made in my paper read before the British Association at Manchester." No details are given regarding this method of treatment.

Hunter Mackenzie.

**HOPMAN** (Köln).—**Short Remarks on the Question of Large Doses of Creosote in Laryngeal and Pulmonary Phthisis.** *Berlin, Klin. Wochen.*, 1887, No. 52.

THE author prescribes creosote and tincture of gentian in equal portions. The patient takes, three times a day, ten to thirty drops in a wine-glass of water. The author is content with the results of this treatment, which he has employed for eight years.

Michael.

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## DIPHThERIA.

**DELTHILL.**—**The Relation of Animal to Human Diphtheria.**

*Soc. Méd. Pratique*, February 8, 1888.

TRENDELENBURG, Oertel, Gerhardt, and others have inoculated diphtheria in rabbits and pigeons, and Delthill believes in the transmissibility and identity of diphtheria in animals with that of man, taking into account the modification of appearances impressed upon the affection in its receptivity in different classes of animals. He has been able to collect thirteen observations confirming his view, in which the diphtheritic affection appears to have been communicated from fowls and pigeons. He concludes, the identity of diphtheria in man and animals is probable,

its transmissibility from one to the other is possible, and it is probable that diphtheria may be transported to a distance by a third person, he himself remaining unaffected.

Joal.

**COOPER, FRANCIS, and WILKS, Rev. W.** (Shirley).—**Diphtheria and Main Drains: the Outbreak at Shirley.** *British Medical Journal*, November 26, 1887.

A LETTER to the Editor, in which an outbreak of diphtheria is attributed "to the sewer gratings level with the road, the stench from which at times is, beyond all contradiction, most pestilential." (In a subsequent note to the Editor, Dr. Alfred Carpenter disputes this view.)

Hunter Mackenzie.

**BARRETT, ALFRED E.** (London).—**Diphtheria Circumscripta, or Sandringham Sore-throat.** *British Medical Journal*, Nov. 26, 1887.

THE author thus describes the throat appearances:—"A circumscribed patch, mostly on one tonsil only; from this, as from a centre, a low form of inflammation spreads into the surrounding parts, causing swelling sometimes as far as the angle of the jaw; this swelling gradually increases for about ten days, when, in favourable cases, the slough separates, leaving a clean red sulcus, when the swelling gradually subsides. During convalescence, which is tardy, paralysis occurs in a considerable number of cases. In fatal cases death occurs from asthenia, sometimes preceded by convulsions; all the other essential symptoms of ordinary diphtheria are present, but the slough or exudation does not spread, but remains circumscribed throughout, and there is no tendency to suppuration."

Hunter Mackenzie.

**MAY, PARKER G.** (Maldon).—**The Treatment of Diphtheria.** *British Medical Journal*, November 26, 1887.

THE employment of gargles is considered pernicious. For local application, brushing with a combination of carbolic acid, sulphurous acid, perchloride of iron, and glycerine. Internally, a mixture of carbolic acid, tincture of the perchloride of iron, sulphurous acid, chlorate of potash, and glycerine. Nutritious diet, and occasionally the cautious use of wines. When hæmorrhage from the nose or throat occurs, the administration of turpentine in the form of emulsion appears to be of use. (This treatment ought to contain the elements of success). In a note in the *B. M. J.* of December 3 it is stated that the mixture recommended by Dr. Parker May does *not* contain carbolic acid.

Hunter Mackenzie.

**ROULIN.**—**Treatment of Diphtheria by Phenol Douches.** *Soc. Méd. Pratique*, January 5, 1888.

THE author gives a statistical *résumé* of seventy-nine cases in which he has successfully employed this treatment, and concludes that diphtheritic angina, whatever its gravity, whatever the ages of the patients, can and ought always to be cured by phenol treatment; that the time of cure varies between two and twenty-three days, with an average period of five days; that the treatment is applicable to every patient without distinction under the form either of douches, gargles, or swabbings: that it succeeds in every stage of the disease; and that it prevents the invasion of the

larynx by false membrane. In confirmed croup it is necessary to add to the medication emetic treatment. Joal.

**GAUCHER.**—On a Method of Treatment of Diphtheritic Angina by Ablation of the False Membranes, and Antiseptic Cauterization of the Subjacent Mucous Membrane. *Archives de Laryngologie, December, 1887.*

ONE finds it everywhere stated that diphtheria is a generally infectious disease. There is much in favour of the view that it is a general disease at the onset. The author, who has been one of the distinguished *internes* of the Hôpital des Enfants, contests this latter view. Diphtheria is at first local, afterwards becoming generalized, but it is not a constitutional infection at the onset. Moreover, if the angina is the first condition of the disease, if it is the source of infection, it should be treated with the greatest energy, for in destroying the false membrane one removes the cause of the general infection which is to be expected. The author holds the opinion that a simple diphtheria exists without any constitutional infection, and that the place of local infection may be other than the pharynx, according as the infectious germ is implanted on the mouth, larynx, bronchi, or skin. Gaucher, by energetic friction, removes mechanically the false membranes by means of a brush saturated with the following solution :—

Oil, 15 gr.  
Alcohol (at 36°), 10 gr.  
Camphor, from 20 to 30 gr.  
Phenic acid, from 5 to 10 gr.

He employs the weakest solution in benign cases. The operation is repeated night and morning, and in the intervals of cauterization the throat is irrigated every two hours with phenic solution (1 in 100). The pretty severe pain produced by cauterization may be diminished by cocaine sprays, 2 to 3 per cent. Since 1879 the author has treated in this manner sixteen cases of severe diphtheritic angina, all of which have been cured. Joal.

**RUHEMANN.**—Case of Ataxia following Diphtheria in a Boy of Eight. *Berlin. Klin. Wochenschr., 1887, No. 49.*

THE title explains the contents.

Michael.

## NOSE AND NASO-PHARYNX.

**JARVIS, W. CHAPMAN.**—Two Unique Cases of Congenital Occlusion of the Anterior Nares. *New York Medical Journal, November 12, 1887.*

A DESCRIPTION of two cases treated by the author's nasal drills and an electric motor. In the first case the left anterior naris remained patent after the first operation. A second was performed on the right nostril, with a considerable measure of success. In the second case there was a