

The efficiency of the dilators of the nose was greater in the lower animals. This was well illustrated in the horse when returning from a sharp run or race.

In explanation of the fact that a great increase of thickness was often present in the bent portion of the septum, Mr. Collier, in answer, drew Mr. Wingrave's attention to a similar state of things in the bent tibia, femur or radius, and attributed it to Nature's effort to strengthen the bend, or perhaps to the release of pressure on the convex side leading to hyperæmia and overgrowth.

The Annual Dinner of the Association was held on November 27th, 1891, at the Langham Hotel, Portland Place, the President, Mr. LENNOX BROWNE, in the Chair. Among those present as guests of Fellows of the Association were:—Mr. NUNN, Dr. MAPOTHER, Mr. HERMANN VEZIN, Dr. SYMONS ECCLES, Dr. JOLL, Dr. PHINEAS ABRAHAM, Dr. BECK, Dr. CAGNEY, Surgeon-General O'LEARY, Mr. REBMAN, Mr. HILL, Mr. TINDALL.

The loyal toasts were duly honoured. Success to the Association was proposed by Mr. NUNN, and in returning thanks the Hon. Secretary stated that the Association had now over eighty Fellows; that twenty-three meetings of the Council, and ten general meetings, had been held, and that at the latter forty-three papers had been read and sixty patients exhibited. The after-dinner proceedings were further enlivened by recitations and songs from Mr. HERMANN VEZIN, Mr. MILES, and Dr. DUNDAS GRANT.

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## ABSTRACTS.

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**Hope.**—*A Laryngeal Cotton Applicator.* "New York Med. Journ.," Sept. 12, 1891. THIS is very similar to those commonly in use, except that a bell-shaped cap is screwed down on the cotton to make the pellet secure.

*B. J. Baron.*

**Weagly** (Marion, Pa.)—*A Self-Retaining Palate Retractor.* "Med. News," Sept. 5, 1891.

THIS is a modification of White's instrument, and is said to keep in position better; at the same time it is more comfortable, and does not irritate the palate, etc., so much.

*B. J. Baron.*

**Pictet** (Berlin).—*Crystallization and Purification of Chloroform.* "Lancet," Nov. 21, 1891.

PROFESSOR PICTET has by means of very low temperature succeeded in freezing chloroform, and separating various constituents by crystallization. The chloroform thus prepared is said to be of a degree of purity unattainable by any other means. It seems quite probable that variable and occasionally distressing effects of ordinary chloroform may be due to the presence of impurities, thus removable, and clinical results of Pictet's chloroform will be anxiously and expectantly watched. [We understand that it has been prepared commercially.]

*Dundas Grant.*

**Chavernac** (Aix).—*Naphthalin in Whooping-Cough.* "Lancet, Nov. 21, 1891.

ACCIDENTAL exposure to fumes containing naphthalin having diminished the frequency and severity of the paroxysms, in the case of his son, Dr. Chavernac effected improvement and rapid cure in his own and other cases by burning it in the bedroom each night. Three-quarters of an ounce is placed in a metal dish surrounded by hot coals. Out of many people exposed to the fumes, two only found them very irritating, and, on examination, these persons were found to be suffering—unknown to themselves—from incipient phthisis. From this it is concluded that naphthalin fumigation is contra-indicated for phthical patients, and further that it may afford a means of diagnosis in doubtful cases.

*Dundas Grant.*

**Bishop, Seth S.** (Chicago).—*Camphor Menthol in Catarrhal Diseases.* "Med. Rec.," Oct. 31, 1891.

THE presence of the camphor appears to intensify the action of the menthol and to give greater relief in hay fever than the inhalation of menthol alone. It seems to reduce turgescence and tumefaction of the turbinated bodies so much as often to render contemplated operation for stenosis unnecessary. In constriction of Eustachian tubes Bishop injects a 10 per cent. solution in lanoline, following this up by inflation of a 5 to 10 per cent. spray in hypertrophic tympanic catarrh. In laryngitis, with loss of voice, he gives inhalations varying from 5 to 20 per cent. For sensitive hay-fever patients, he uses inhalations of from 3 to 5 per cent., and for less sensitive individuals with hypertrophic catarrh, etc., 10 per cent. To reduce great swelling of the turbinals and relieve stenosis 20 to 25 per cent. of camphor menthol is required. The full strength relieves itching and reduces redness and swelling in eczematous and herpetic eruptions. [We suppose that in all cases the solution for spray inhalation is made with lanoline, but assume that any of our ordinary spraying oils may be used if more convenient.]

*Dundas Grant.*

**Moos** (Heidelberg).—*Histological and Bacterial Investigation of Middle-Ear Disease in the various Types of Diphtheria.* "Arch. of Otol.," Vol. XX., No. 1, 1891; "Lancet," Nov. 21, 1891.

IN the mucous membrane there is a partial modification of the epithelium and an extensive infiltration of the mucosa, with polymorphous migratory cells and retrograde metamorphosis, and, finally, a necrosis of the blood-vessels and bone. There is seldom any suppuration, as the disease is essentially mycotic in its nature. It is interesting to note that he finds peculiar hyaline and granular degeneration in the intrinsic muscles and similar changes in the nerves of the middle ear. Etiologically, scarlatinal diphtheria differs from primary diphtheria in not showing the Klebs-Loeffler bacillus. On the other hand, pharyngeal diphtheria and laryngeal croup are identical, both depending upon that bacillus. In all the cases the bacteria setting up inflammation in the middle ear differed from those found in the throat, and were more like the streptococcus of erysipelas or that of scarlatina.

*Dundas Grant.*

**Washburn** (Milwaukee). *The Causes and Prevention of Diphtheria in Cities.*  
"Med. News," Sept. 5, 1891.

AFTER quoting a good deal of literature dealing with this subject, the author goes on to state the various predisposing factors in the causation of the disease, viz., dampness from bad drainage, decaying refuse, bad ventilation, and impure water. To limit the spread, isolation must be for a considerable time, and he quotes the decision of the Paris Congress of Hygiene, that a child ought not to be allowed to return to school after an attack until forty days from its commencement. He advises a gargle of creolin solution for the attendants on a patient. In the event of death taking place, the body should be wrapped in a sheet soaked in 1 to 3000 solution of hydrochlorate, and the funeral ought to be private. He relies mainly on *pure air* for disinfecting the room, combined with fumigation by burnt sulphur. Boiling the clothes and bedding, or soaking them for four or five hours in a 1 to 2000 solution of hydrochlorate, is effectual.

*B. J. Baron.*

**Carpenter, Alfred.**—*Diphtheria.* "Brit. Med. Journ.," Sept. 19, 1891.

THE author introduced a discussion on this subject in the Section of Public Medicine, at the Annual Meeting of the British Medical Association, 1891.

It was observed that the carrying out of correct principles of hygiene, which had had such important results in other diseases, had failed in the case of diphtheria. In Dr. Carpenter's experience the disease had greatly increased during the last twenty-five years, not only in rural, but also in urban districts. It was shown that, in some instances, after repeated reappearances at intervals of two, three, and four years in the same cottages in which the owner did everything that was supposed to be necessary, the disease was not eradicated until the cesspools were cleared away, and the basements of the houses completely dried and rendered damp proof. He believed there was sufficient evidence to show that diphtheria was dependent upon a disease germ from a previous case. The introduction of disease germs from imported cases into towns was followed by their rapid multiplication in badly constructed sewers in which sewage deposits had collected.

Dr. Carpenter believed it would be possible to stamp out diphtheria by seeing that the basements of houses were rendered damp proof, by the prohibition and destruction of cesspools, by taking care that on washing days hot water be conveyed in such a way as not to give out steam infected by human excreta, and by re-laying defective drains in solid concrete. An intercepting trap between the house and the main drain was very objectionable.

Dr. BUTTERFIELD had formed the opinion that the disease was rarely connected with sewers, but seemed to be influenced by (1) accumulations of manure and other filth, (2) dampness of house, and (3) personal infection. The disease seemed to exist in some districts in a latent form as simple sore-throat, which became developed into true diphtheria by favouring circumstances.

Dr. PARSONS pointed out that outbreaks of diphtheria were often

preceded by cases which, though not so called and not presenting the clinical features of the disease, were potentially of the same nature.

Surgeon-General MOORE observed that his experience did not lead him to connect diphtheria with sewers and drains.

Surgeon-Major PRINGLE mentioned the case of a girl aged nine years who, two weeks after apparent complete recovery, had coughed up a piece of membrane. If this girl had been at school, which might easily have been the case, she would undoubtedly have been a source of infection.

Dr. GROVES had found that the geological nature of the country had to do with the spread of diphtheria, and with this Dr. Comyns Leach concurred. The latter mentioned that two epidemics of the disease which had occurred in a country district in Dorset had occurred on clay soils.

*Hunter Mackenzie.*

**Parisot** (Voges).—*Treatment of Diphtheria by Irrigation with Salicylic Acid.*

“*Bull. Gen. de Therapeut.*,” Sept. 15, 1891; “*Lancet*,” Nov. 21, 1891.

SINCE using this method Dr. Parisot’s mortality has diminished from ten out of fourteen to five out of twenty-four. His formula is:—Salicylic acid one gramme (gr. xv.), dissolve in twenty grammes (fʒ v.) of (90 per 100) alcohol, add 980 grammes (fʒ xxxv.) of water. This is placed in a tin douche-reservoir hung on the wall. An india-rubber tube, with pointed glass tip and spring clip, is used for the direction of the stream into the back of the throat, while the child’s head is held forwards and a little downwards. As a rule, three or four ounces are required each time, in order to detach the membranes. This should be done frequently. The reproduction of the membrane becomes slower and less complete. By experiment on detached membrane it was proved that very rapid solution took place in salicylic acid. [See Manning on the *Treatment of Ulcerated Scarlet Fever and Diphtheritic Throats by Irrigation*—with boracic acid solution—in *JOURNAL OF LARYNGOLOGY*, June, 1891, p. 232.]

*Dundas Grant.*

**Seibert** (New York).—*Further Report on Sub-Membranous Local Treatment of Pharyngeal Diphtheria.* “*Medical News*,” Sept. 26, 1891.

THE author has collected, in all, eighty-five cases of diphtheria that have been treated by his method of sub-membranous injection of fifteen drops of hydrochloride for a dose, with the result that death ensued in six cases only, and paralysis in none. [This method is novel, and apparently very successful, and certainly deserves a full trial at our hands.—*Rep.*]

*B. J. Baron.*

**Turner, A. M. Sydney** (Gloucester).—*Paraffin in Diphtheria.* “*Brit. Med. Journ.*,” Sept. 19, 1891.

THE author scrapes off the membrane and applies ordinary paraffin to the inside of the throat every hour with a large camel’s hair brush. Its use is continued less frequently for two or three days after improvement has set in. Paraffin appears to lose its efficacy for this purpose if allowed to stand exposed to the air. A generous diet, with iron, was usually part of the treatment.

*Hunter Mackenzie.*

**Rideal, Samuel** (London).—*Paraffin in Diphtheria*. "Brit. Med. Journ.," Sept. 26, 1891.

REFERRING to Mr. Sydney Turner's communication (*vide supra*), the author says that this would lead us to hope that the paraffin hydrocarbons have a definite action in diphtheria. He expresses a difficulty, however, in understanding why the curative properties of the paraffin should be lost on exposure to the air, as it does not contain any appreciable quantity of hydrocarbons volatile at the ordinary temperature. The liquid condition of the paraffin appears an objection to its use; this might be overcome by converting it into a semi-solid substance, as by agitating it with a soap or saponin. A suitable way to do would be to agitate with an egg-whisk a mixture of paraffin and 10 per cent. of warm water containing 1 per cent. of ground saponaria bark—this would adhere better to the surface of the membrane. The liquid vaseline of the *German Pharmacopœia* might also be used in place of ordinary paraffin, and would doubtless produce similar beneficial results. The vaporization of paraffin, or the formation of a spray of this liquid, is also recommended as an alternative method of applying it.

*Hunter Mackenzie.*

**Moorhead, J.**—*Lupus of the Nose*. "Brit. Med. Journ.," Oct. 10, 1891.

THE author, in a decision on lupus at the Annual Meeting of the British Medical Association, 1891, mentioned a case of the ala nasi, in which treatment by a concentrated solution of caustic potash completely removed the morbid growth, while cod-liver oil and other general remedies so improved the general health that the local disease did not recur.

*Hunter Mackenzie.*

**Newcomb.**—*Two Cases of Membranous Rhinitis*. "New York Med. Journ.," Sept. 12, 1891.

BOTH these cases were young children, and in both the nasal trouble followed on an attack of measles. On removing the membrane from the turbinated bodies and septum free bleeding ensued. A lotion of boracic acid was ordered. The general condition soon became better under tonics, the nose ceased to develop the membrane, and in little over a week the patients were well. Microscopically, the membrane consisted of fibrin entangling a few epithelial and pus cells, with here and there scanty rod-shaped and spherical bacteria. The author thinks that it is possible that a pathogenic germ stands in causal relationship to the affection. Also the fact that a bleeding surface is left after removal of the membrane does not, he considers, show that it is diphtheritic. Local mechanical disturbances in the circulation leading to the impairment of the integrity of the superficial epithelium will produce a false membrane which is not in any way, short of bacterial cultures, to be distinguished from a true diphtheritic exudate.

*B. J. Baron.*

**Payson Clark.** *Sarcoma of the Nose; with Report of Case*. "Boston Med. and Surg. Journ.," Sept. 3, 1891.

THE case is that of a coloured man, aged thirty-five years, and the growth, which was a round-cell sarcoma, repeatedly and rapidly recurred after removal. A good many statistics are quoted, from which it appears that almost two-thirds of the cases of sarcoma occur under forty-five years

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age. It occurs, therefore, in younger people than carcinoma. The appearance of the growth is said to be characteristic, viz., bluish-grey colour, of flaccid consistency, and it bleeds very readily. The author prefers the cold wire snare for operating.

In the discussion that followed, Dr. Cheever said that he prefers Ollier's operation for the higher growths, as the antrum, the pharynx, the higher parts of the nasal cavity, and the turbinated and ethmoid bones are thereby reached. He does not think that cauterization has a tendency to provoke renewed growth in these tumours. *B. J. Baron.*

**Hubbard.** *Epistaxis.* "The Toledo Med. and Surg. Reporter," Sept., 1891. THE author discusses the causes of epistaxis, and particularly alludes to the serious effects of nose bleeding in people who suffer from chronic Bright's disease. He considers it to be a safety-valve in some forms of plethora, the congestive stage of acute pneumonia, and in cerebral thrombosis. By far the greater number of nasal hæmorrhages are caused by rupture or erosion of a small artery on the anterior half of the septum and in the lower, middle, or superior meatus. Very hot or very cold water, with a little salt added to it, is often efficacious in stopping the bleeding. If we decide to cauterize the bleeding point, spray the nostril with a little four per cent. solution of cocaine. After a temporary vaso-motor effect we can see a small pink point appear where the vessel has given way. This is to be carefully cauterized with chromic acid, and a powder, composed of equal parts of antipyrin, oxide of zinc, and hydrastis, to be insufflated; also ergot, morphia, and acetanilide are adjuvants of value. The author protests against the use of chemical styptics and blindly packing the nostrils with plugs of lint. *B. J. Baron.*

**Lake, R** (Barnes).—*Black Tongue.* "Brit. Med. Journ.," Oct. 31, 1891. THIS affection gave rise to no symptoms, and was entirely cured in ten days under the local application of boric and carbolic acids. *Hunter Mackenzie.*

**McShane.**—*Fish Bone Embedded in Base of Tongue.* "New Orleans Med. and Surg. Journ.," Oct., 1891. THIS was removed with Fraenkel's forceps. *B. J. Baron.*

**Walker** (Peterborough).—*Case of Severe Ptyalism following use of Lotio. Hydrarg. Nigra.* "Brit. Med. Journ.," Oct. 10, 1891; Notes of a Case read before the South Midland Branch, Brit. Med. Assoc., Oct. 6, 1891. *Hunter Mackenzie.*

**McShane.** *Pin Embedded in Posterior Wall of Pharynx.* "New Orleans Med. and Surg. Journ.," Aug., 1891. THE pin was removed by Jurasz's forceps after cocainization, and no bad effects followed. *B. J. Baron.*

**Hawkins-Ambler, G. A.** (Clifton).—*Retro-Pharyngeal Abscess.* "Brit. Med. Journ.," Sept. 19, 1891.

THE author narrates a case and says he "made an incision along the "posterior border of the sterno-mastoid, and dissected carefully down till

“the fascia covering the transverse processes of the cervical vertebræ was reached; coasting round to the back of the pharynx it was an easy matter to push through the wall of the abscess, evacuate about an ounce and a half of thick, sweet pus, and flush the cavity with iodine water and insert a drainage tube. There was no bleeding point requiring ligatures, and only one small nerve was seen and divided.” The wound closed in about a week, but a few weeks later the swelling returned, and was aspirated. In a few days afterwards the old operation wound re-discharged, and the patient is now reported to be in good health. The author speaks for the safety and utility of this method of operating.

*Hunter Mackenzie.*

**Coats, Joseph** (Glasgow).—*The Spontaneous Healing of Tuberculosis; its Frequency and the Mode of its Occurrence.* “*Brit. Med. Journ.*,” Oct. 31, 1891.

A PRESIDENTIAL address delivered to the Medico-Chirurgical Society of Glasgow, 2nd October, 1891. After a careful survey of various points in the natural history of tuberculosis, the author says: “My belief, as the result of considerable observation, is that a tuberculosis of the lungs, sometimes of inconsiderable extent, will often extend to the larynx perhaps there also of little consequence for a time. The disease may be recovered from in the lung while it lingers on in the larynx. After a long course in the larynx, as long sometimes as four or five years, a re-infection of the lung may take place. This will occur when the laryngeal lesion becomes extensively ulcerated. The discharges from such ulcers are highly infective, they are loaded with bacilli. In the processes of respiration little fragments of mucus are liable to be carried in and planted in the finer bronchi. In consequence there is a sudden burst of acute tuberculosis to which the patient probably succumbs.” He then records an illustrative case, and adds, “The practical inference from this class of cases is that, after a pulmonary attack, even if of a slight nature, a remaining laryngeal disturbance should not be regarded as of trivial importance. Ulceration occurring in the trachea and bronch may produce a somewhat similar re-infection of the lungs.”

*Hunter Mackenzie.*

**Mackenzie, Hector** (London).—*Tuberculous Larynx in a Case of Myxœdema.* “*Brit. Med. Journ.*,” Oct. 24, 1891. *Path. Soc. of Lond.*, Oct. 20, 1891.

THE interest of this case, that of a woman, aged thirty-eight, from whom the specimen exhibited was taken, was two-fold: First, in the absence of œdema, either fluid or solid, and, secondly, in the association of the disease with tuberculosis. This association was not new, for out of seventy-five cases reported on by the Committee of the Clinical Society, a family history of phthisis was found in twenty, and out of fifteen cases, on which the pathological portion of the report was founded, tubercle was present in at least three. It has been affirmed that tubercle was almost unknown amongst goitrous individuals, and, if so, the presence of tubercle in the subjects of myxœdema was especially interesting.

*Hunter Mackenzie.*

**Robertson, William** (Newcastle-on-Tyne)—(1) *Case of Tracheotomy for Laryngeal Phthisis.* (2) *Case of Laryngo-Pharyngeal Stenosis, probably Syphilitic.* "Brit. Med. Journ.," Oct. 17, 1891. Exhibition of Cases before the Northumberland Medical Society, Oct. 8, 1891.

GREAT improvements had followed in the first case. In the second, tracheotomy was performed, and dilatation by bougies was now being tried. *Hunter Mackenzie.*

**Tymowski.**—*Resorcin in Laryngeal Phthisis.* "Monats. ; für Ohrenheilk." "Lancet," Nov. 21, 1891.

IN unhealthy-looking ulcers, which are undoubtedly of tuberculous character, a 100 per cent. solution of resorcin may be applied with reliance. Inhalations of two to five per cent. of resorcin may be substituted for those of cocaine. Resorcin is antipyretic, antiseptic, and hæmostatic. It causes no pain, and need only be applied once a day. [Quite an ideal mode of treatment if confirmed.] *Dundas Grant.*

**Mackenzie, Hector** (London).—*Ulceration of Larynx in Typhoid Fever.* "Brit. Med. Journ.," Oct. 24, 1891. A Card specimen exhibited to the Path. Soc. of Lond., Oct. 20, 1891. *Hunter Mackenzie.*

**Westcott, W. Wynn** (London)—A Coroner's Notes on Sudden Deaths. "Brit. Med. Journ.," Oct. 17, 1891.

IN 303 cases of sudden death, twenty-nine were due to asphyxia. Of these, one man died suffocated in a very sudden acute attack of œdema of the glottis from laryngeal catarrh, four died suffocated during the spasms of asthma, three were gradually suffocated during the fogs. The man who died of œdema of the larynx was an epileptic, as were also two of those who died in the fogs. One-third of the sudden deaths occurring in London were due to alcohol. *Hunter Mackenzie.*

**Robertson, William** (Newcastle-on-Tyne).—*Posticus Paralysis in Infants.* "Brit. Med. Journ.," Oct. 17, 1891. Paper read (but not reported in full), Northumberland Medical Society, Oct. 8, 1891.

THE author has written an interesting paper on this subject, which appeared in the October number of this Journal. *Hunter Mackenzie.*

**Editors of the Lancet.**—*Roaring in Horses.* "Lancet," Nov. 21, 1891.

THE hereditary character of this vice—or disease having this symptom—is dwelt on, and the necessity for keeping "roarers"—no matter how magnificent in other respects—away from the stud emphatically asserted. As a rule, the disease is a left-sided laryngeal hemiplegia, the dilator muscle undergoing degeneration from impaired nervous influence. How the left recurrent laryngeal in these cases becomes impaired is not fully made out. *Dundas Grant.*

**Wessinger.**—*A Case of Foreign Body in the Air-Passages.* "New York Med. Journ.," Sept. 12, 1891.

THIS is the case of a patient who insufflated a tack into his left bronchus, where it lodged about an inch below the bifurcation. In a fit of coughing,



to which the patient was very subject, he expectorated the tack, which had lain in the bronchus fifteen months. As regards treatment : tracheotomy may be necessary immediately after the accident has happened, or inversion and shaking may be successful. We may pursue a conservative course, and wait ; but, if we determine on surgical measures, delay is dangerous.

*B. J. Baron.*

**Murray, G. R.** (Newcastle-on-Tyne).—*Note on the Treatment of Myxœdema by Hypodermic Injections of an Extract of the Thyroid Gland of a Sheep.* "Brit. Med. Journ.," Oct. 10, 1891.

THE author records a case (shown at the October meeting of the Northumberland and Durham Medical Society) in which marked improvement followed on treatment by injection. He gives details of the method of preparing the extract, and expresses the hope that others may be induced to give the treatment a fair trial in myxœdema.

*Hunter Mackenzie.*

**Fenwick, E. Hurry** (London).—*The Diuretic Action of Fresh Thyroid Juice.* "Brit. Med. Journ.," Oct. 10, 1891.

THE author is of opinion that myxœdema really "depends upon a perverted renal function. We find that the thyroid juice possesses a distinct diuretic action in diseases of the kidney, though apparently it is negative in healthy persons." After injection of thyroid juice the urine increases in quantity, and this effect has been noted in a case of myxœdema to continue for fourteen to twenty-one days.

*Hunter Mackenzie.*

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## NOTE.

WITH the number for January, 1892, will commence the incorporation with the other matter in this Journal of a section on *OTOLOGY*, edited by Dr. DUNDAS GRANT.