

PHILIP DE SANTI, F.R.C.S., A. HODGKINSON, M.D., and CHARLES WARDEN, M.D., on August 2nd.

The following papers have been announced :—

DE SANTI, PHILIP, F.R.C.S. The Operation of Thyrotomy, with a short account of the cases in which it has been performed at St. Bartholomew's Hospital during the last fifteen years.

HODGKINSON, ALEXANDER, M.D. (Manchester). (1) A new form of Magnifying Laryngoscope ; (2) On the Vibrations of the Vocal Cord ; (3) On Chorditis Tuberosa ; (4) On the Function of the Laryngeal Ventricle.

MILLIGAN, WILLIAM, M.D. (Manchester). Vocal Defects among School Board Teachers, with special reference to the occurrence of teachers' nodes.

SMYLY, Sir PHILIP. A Case of Non-Diphtheritic Diphtheria.

The following gentlemen purpose being present and taking part in the work of the Section :—

Prof. FRAENKEL, Prof. GUYE, Dr. LUC, Dr. BRYSON DELAVAN, Prof. MORITZ SCHMIDT (Frankfort), Dr. WALKER DOWNIE (Glasgow) and Dr. HILLIS (Dublin).

ABSTRACTS.

DIPHTHERIA, &c.

Percepied.—*Benign Diphtheritic Anginas.* “Normandie Méd.,” May 15, 1895. THE author believes some diphtheritic anginas are benign, and similar to the pultaceous sore throat, with similar evolutions and symptoms. The true nature is only disclosed by bacteriological examination of the white patches and pseudo-membranes. Two cases are related : in one, the diphtheritic bacillus was found in the saliva six weeks after the cure of the angina. *A. Cartaz.*

Fürst, L. (Berlin).—*Early Clinical and Bacteriological Diagnosis of suspicious Anginas.* “Berliner Klinik,” 1895, No. 8.

THE diagnosis of diphtheria can be made by every experienced physician. In cases with decided clinical symptoms this diagnosis can be made, even if the bacteriological examination shows no specific bacilli, and the serum treatment should be employed in such cases as well as the necessary prophylaxis. *Michael.*

Thresh.—*The Value of Bacteriological Examination in Diphtheria.* “Lancet,” Mar. 2, 1895.

DRAWS attention to the danger of placing too much reliance upon the negative results of bacteriological examination in diphtheria.

Gerber and Podack (Königsberg).—*On the Relation of so-called Primary Rhinitis Fibrinosa and of the so-called Pseudo-Diphtheria Bacillus to the true Klebs-Loeffler Diphtheria Bacillus.* “Deutsche Archiv für Klin. Med.,” Band 54.

CAREFUL bacteriological researches in four cases in which a rhinitis fibrinosa, with pseudo-diphtheria bacilli, followed or preceded a true diphtheria, seem to prove

that the pseudo-diphtheria bacillus is a non-virulent form of the true diphtheria-bacillus. *Michael.*

Goodall (London).—*Unusual Case of Diphtheria of the Air Passages.* Clinical Society of London, Mar. 1. "Lancet," Mar. 9, 1895.

THE case of a boy, aged nine years, suffering from faucial diphtheria. Casts of the trachea and bronchi were expectorated, but without any signs of laryngeal obstruction. At the end of three weeks there was paralysis of the palate, ciliary muscles and lower extremities. He made a good recovery. Three other cases were mentioned where casts were expectorated, with remarkably little dyspnoea or signs of laryngeal obstruction. Loeffler's bacillus was found in the faucial exudation.

Hayward (London).—*The Pathology of Diphtheria.* Pathological Society, Mar. 5. "Lancet," Mar. 9, 1895.

RECOMMENDS hydrocele fluid as medium for diphtheria cultures, the bacillus growing readily upon it, small white-coloured specks being apparent in twenty-four hours. It is inimical to the growth of many of the other organisms, especially staphylococcus aureus and albus.

Hunt, Bertram (London).—*Pathology of Diphtheria.* Adjourned Debate. "Lancet," Mar. 23, 1895.

DR. WASHBOURNE referred to the action of oxygen on cultures favouring the production of toxin, alluding to the presence of living bacilli in the throat of patients long after the symptoms had subsided, and raising the question whether the bacilli were still secreting toxin, and if so whether they were being annulled *pari passu*.

DR. SIMS WOODHEAD pointed out that if the action of oxygen in cultures could be limited to the bacilli themselves, without acting on the toxin, they would have the best condition possible; referred to the views of Roux and Viard, who, whilst maintaining that the toxic action was through the cells, in the production of antitoxin serum, showed that the action was very rapid, for by injecting toxin into a small animal, and taking the blood from the ear, a certain amount of antitoxin might be obtained at once. In conclusion he drew attention to the very varied form assumed by the diphtheria bacillus.

MR. LENNOX BROWNE showed two specimens of the so-called pseudo-bacillus of diphtheria. In the second case the patient, three months after his recovery, having his tonsils removed, the surfaces became covered with a grey exudation, which on removal exposed a freely bleeding surface. A culture on serum showed short segmental bacilli, and, in eleven days, staphylococcus aureus only.

Beck and Stapa (Krakau).—*On the Influence of the Diphtheria Poison on the Blood Circulation.* "Wiener Klin. Woch.," 1895, No. 18.

BY injection of diphtheria poison into rabbits the authors obtained the result that the introduction of the poison has no immediate influence on the circulation. Some hours later there suddenly arises decrease of the blood pressure, irregularity of the pulse for some minutes to half an hour, and ending with death. These experiments are in accordance with clinical observations. Here also is often observed sudden death by heart paralysis. *Michael.*

Fürst (Berlin).—*Systematic Prophylaxis of Diphtheria.* "Klin. Zeit. und Streitfragen." Wien. 1894.

HEALTHY children should always clean the mouth and use tablets consisting of boric acid, salicylate of soda, chloride of sodium and saccharin. Physicians should

disinfect themselves with sublimate. Cases of diphtheria should be treated with energetic disinfection. *Michael.*

Vincent, A.—*The Cardiac Plexus in Diphtheritic Paralysis.* "Arch. de Méd. Expériment. et d'Anat. Pathol." "Lancet," Mar. 23, 1895.

POINTING out that myocarditis is not the only cause of cardiac failure during convalescence from diphtheria, that the cardiac plexus is frequently diseased, but that in the examination of the other nerve trunks its condition has been overlooked.

Alstin, H. (Trinidad).—*Is Paralysis after a Sore Throat a proof that the Disease was Diphtheria?*

MENTIONING a case of pseudo-diphtheria (unilateral septic follicular tonsillitis) followed by paralysis of soft palate.

Heintz (Berlin).—*Case of Bilateral Abducent Paresis without any other Disturbance of the Eyes, following Diphtheria.* "Allg. Med. Zeitung," 1895, No. 20.

CONTENTS indicated by the title. *Michael.*

Samuel (Königsberg).—*From Vaccination to Antitoxin Treatment.* "Deutsche Med. Woch.," 1895, Nos. 18 and 19.

HISTORICAL review. *Michael.*

Robertson, W. (London).—*The Immunization of Horses.* "Lancet," Mar. 23, 1895.

A PAPER read before the Pathological Society of London, March 19th, referring to the methods of immunization, the variable power of resistance to the action of the toxin, the amount drawn off at one time, and the quantity of serum obtained.

Klein, E. E. (London).—*The Theory and Practice of Protective Inoculation.* "Lancet," Mar. 16, 1895.

A LECTURE delivered at the London Institution on March 4th. The lecturer drew attention to the point elucidated by Behring that the blood-serum of an animal artificially immunized against diphtheria or tetanus not only possessed protective potency when injected into an otherwise susceptible animal, but cut short existing disease, the serum acting as a curative agent.

Farquharson.—*Antitoxin as a Patent Medicine.* "Lancet," Mar. 9, 1895.

A QUESTION asked in the House of Commons regarding the application for a patent for the supply of antitoxin in a concentrated form. Mr. Bryce replied that, apart from opposition, the patent would be granted in due course. The "Lancet" points out that the intending patentee is, they believe, a medical practitioner, and that such a procedure is unusual according to the traditions of the profession.

A Secret Remedy for Diphtheria. "Allg. Wiener Med. Zeitung," 1895, No. 21.

THE editor reproduces a curious letter sent to him concerning a Chinese medication which is able to cure diphtheria in all cases. *Michael.*

Plant (Leipzig).—*Worth of "Ausstrichpräparate" for the Diagnosis of Diphtheria.* "Deutsche Med. Woch.," 1895, No. 18.

"AUSSTRICHPRÄPARATE" and experiments on animals are indispensable for the scientific diagnosis of diphtheria. *Michael.*

Fraser, T. R. (Edinburgh).—*The Storage of Antitoxin.* "Lancet," Mar. 9, 1895.

RECOMMENDS that the liquid antitoxin should be evaporated *in vacuo* over sulphuric acid and stored in the form of a dry powder.

Chaillou.—*Antitoxin and Intubation in Diphtheritic Croup.* Thèse de Paris, 1895.

EXCELLENT review and plea in favour of intubation in diphtheritic croups. The author gives a detailed account of the operative technique, and of measures to take for preventing complications. The intubation must absolutely, except in rare cases, be substituted for tracheotomy. The statistical results of Chaillou are twelve deaths only in forty-nine cases of intubation. *A. Cartaz.*

Report on Injections of Antitoxin for the Treatment of Diphtheria and for Immunization in Croatia and Slavonia from August 1st, 1894, to January 31st, 1895, inclusive. "Wiener Med. Woch.," 1895, No. 18.

FOUR hundred and twenty-eight cases were treated; of those three hundred and eighty-two were cured, and forty-six died (equal to 10·8 per cent.). In seven hundred and forty-seven children prophylactic injections were made; of those seventeen acquired diphtheria, and one died. In other years the mortality was from forty to sixty-five per cent. The Government recommends further treatment with antitoxin. *Michael.*

Janowsky (Warsaw).—*Comparative Experiments on Behring's and Roux's Antitoxin.* "Centralbl. für Bakteriologie und Parasitenkunde," Band 1895, Nos. 7 and 8.

THE results of the author's researches are that Behring No. 1 and Roux are of nearly equal efficacy. Aronsohn's serum is equal to Behring's No. 2. Only one number is produced by Roux and Aronsohn. *Michael.*

Altmann (Königshutte).—*Antitoxin Treatment in Diphtheria.* "Deutsche Med. Woch.," 1895, No. 14.

OUT of nineteen cases two died. *Michael.*

Baginsky and **Katz** (Berlin).—*First Series of Cases of Diphtheria treated with Antitoxin (Aronsohn).* "Archiv für Kinderheilk.," Band 18, Heft 5 and 6.

EXTENSIVELY communicated histories of the disease in one hundred and sixty-seven cases. The concluding results are known from former publications of the authors. The details must be seen in the original. *Michael.*

Leasser (Mannerstadt).—*Treatment of Diphtheria with Behring's Antitoxin.* "Münchener Med. Woch.," 1895, No. 19.

REPORT on nine cases, which were all cured. In eight of these cases laryngeal symptoms had been observed. *Michael.*

Latham (Cambridge).—*Antitoxin Treatment of Diphtheria.* Cambridge Medical Society, Feb. 1. "Lancet," Mar. 9, 1895.

DESCRIBES the preparation of Behring antitoxin, and mentions five cases treated by it, in two of which the membrane extended into the trachea and bronchi, both patients recovering.

Miller, H. P. (London).—*Diphtheria treated by Antitoxin.* Œsculapian Society of London, Feb. 22. "Lancet," Mar. 9, 1895.

A CASE treated by antitoxin followed by tracheotomy. Membrane was coughed up from below the opening; albuminuria; tube removed on tenth day; satisfactory recovery.

Rosenbach (Breslau).—*Cure and Heilserum.* Berlin: Goldschmidt. 1894. 28 pp. POLEMICAL pamphlet against antitoxin. *Michael.*

Bokey (Budapest).—*My Results with Behring's Diphtheria Heilserum.* "Deutsche Med. Woch.," 1895, No. 15.

SEE the report of the meeting of the Budapester Aerzte Verein, February 5th, 1895. *Michael.*

Marsh, E. L.—*Diphtheria treated with Antitoxin.* "Glasg. Med. Journ.," Mar. and May, 1895.

ELABORATE report of twenty cases of diphtheria treated with serum in the Glasgow Fever Hospital. There were thirteen recoveries and seven deaths. The serum was supplied by the British Institute of Preventive Medicine.

Keferstein.—*Serum Treatment in Diphtheria.* "Allg. Med. Centralztg.," 1895, No. 14.

REPORT on six cases, which all recovered. *Michael.*

Rapmun (Muiden).—*Serum Treatment in Diphtheria.* "Zeitsch. für Medicinalb.," No. 4.

THE author treated 100 cases. The mortality was 7 per cent. of all, 12½ per cent. of the grave cases. In other epidemics the mortality in Muiden was 20 to 30 per cent. *Michael.*

Buchholz (St. Petersburg).—*Serum Treatment in Diphtheria.* "St. Petersburg Med. Woch.," 1895, No. 5.

THE author treated seven cases. One of them died. *Michael.*

Romniciano.—*The Anti-Diphtheritic Serum Treatment; Complications.* "Mercredi Méd.," Apr. 24, 1895.

ROMNICIANO reports two cases: the first, one of stridulous laryngitis, treated by means of serum, owing to the difficulty of diagnosis of spasmodic or diphtheritic laryngitis. Two days after the injection, bilious vomiting, hematuria with dysuria, albuminuria.

In the second case, true diphtheria, a fortnight after the injections there were noted intense rheumatoid pains, as in articular rheumatism, with urticarial rash.

A. Cartaz.

Hunt, Bertram (London).—*The so-called Antitoxin Treatment of Infective Diseases, illustrated by Diphtheria.* "Lancet," Mar. 9, 1895.

THIS paper was read before the Pathological Society on March 4th. The author first dealt with the history of the treatment and the researches of Pasteur and Koch. He then divided the methods of protection into two classes, that of active or permanent immunity by the introduction of mitigated virus, and passive or temporary immunity by the injection of bacteria or their products into an animal, and the transfer of that immunity by the injection of the blood or serum from that animal.

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He referred to the action of oxygen on toxin cultures. He enumerated the laws laid down by Behring for the process of immunization: (1) that it is necessary the animal should have recovered completely before repeating the injection; (2) that the antitoxic value of the blood reaches its maximum coincident with the return of perfect health, and then falls to a constant level; (3) that fresh injection of toxin was best made when the antitoxic value of the blood was at its highest; (4) that the more susceptible the animal the greater the final immunity, and the more antitoxic the blood; (5 and lastly) that it was possible to carry the immunization too far. He pointed out that from what we know of the action of antitoxin the law might be laid down that when disease is set up by any other form of life invading the animal organism, immunity to such disease would confer curative properties on the blood of the immune animal. The author referred to Pfeiffer's definition of antitoxin as being the specific proteids of the bacteria to which immunity had been attained, modified, and digested by the cells, and that whatever their chemical nature was they must be considered as derivations from such mycoproteids still possessing some of their specific nature, but of a wholly beneficent character. In conclusion, he drew attention to an essential factor in the prognosis, namely, the amount of degeneration of tissue present before treatment was begun.

Scholtmüller (Griefswald).—*Case of Wound-Diphtheria, with Diphtheria Bacilli, with contemporaneous existence of Diphtheria Bacilli in the Healthy Pharynx.* "Deutsche Med. Woch.," 1895, No. 17.

CONTENTS in the title.

Michael.

Hawkins, Cuthbert (Aberdovey).—*Sulphur v. Antitoxin.* "Lancet," Mar. 16, 1895.

IN reply to Mr. Lennox Browne, pointing out that it is of importance to know which of two remedies has the most effect on a disease, and claiming for sulphur an equal, if not a higher, position than antitoxin in the treatment of diphtheria.

Browne, Lennox (London).—*Sulphur v. Antitoxin.*

REPLYING to Mr. Cuthbert Hawkins, and acknowledging the undoubted value of sulphur, sulphite of magnesium, and iron, as auxiliaries in the treatment of diphtheria, and pointing out that after all it was not so much a question as to which individual drug had done the most good, as it was of the most rapid means of restoring the patient to health.

Stein (Moscow).—*Further Contributions on Application of Trichloroacetic Acid.* "Monats. für Ohrenheilk.," 1894, No. 1.

RECOMMENDATION of this medicament.

Michael.

Hecker (Munich).—*Diphtherial Mortality in the Greater Cities of Germany and in Vienna in the Years 1883 to 1893.* "Münchener Med. Woch.," 1895, No. 18.

EXTENSIVE and carefully-worked statistical review. Must be seen in the original.

Michael.

Gouguenheim.—*Diphtheria in Lariboisière Hospital; Treatment by sero-therapeutics.* "Bull. Soc. Méd. des Hôp.," Mar. 29, 1895.

BEFORE the introduction of this treatment the death-rate had been, in the author's wards, 10·37 per cent. in adults, and 57·5 per cent. in children (one hundred and thirty-nine cases in adults, with fourteen deaths; forty in children, with twenty-

three deaths). With serum treatment the percentage is considerably modified : fifty-two cases in adults, two deaths ; forty-eight in children, nine deaths. After the injections of serum some exanthemata have been noticed ; the albuminuria was not badly influenced by that treatment. According to the author, diphtheria should be more frequent in adults than is ordinarily admitted, many cases of follicular amygdalitis having a diphtheritic origin, which cannot be diagnosed without bacterial examination.

A. Cartaz.

D'Astros, L., and Engelhardt.—*Diphtheria and Antitoxin Treatment at Marseilles.* "Bull. Soc. Méd. des Hôpit., Paris," Apr. 19, 1895.

THE statistical results are similar to the first given by Roux, Martin, Moizard, etc. From the 15th December to the 7th April the authors have treated ninety-six patients—twenty-three with pseudo-membranous anginas, seven coccus, one staphylococcus, six streptococcus, and eight cases of non-diphtheritic croup.

The seventy-three cases of true diphtheria are divided into :

Pure diphtheritic angina	...	...	26 cases, 5 deaths.
Diphtheria and coccus angina	...	...	2 " 0 "
Diphtheria and staphylococcus	...	...	1 " 1 "
Diphtheria and streptococcus	...	...	5 " 2 "

The thirty-one cases of diphtheritic, pure or associated, laryngitis (croup) gives thirteen deaths : mortality, thirty-four per cent. instead of eighty-nine per cent. the three preceding years. The authors have observed the habitual effects of the injections of serum, rubeolic or urticarial rash, rheumatoid pains ; they mention an action on the menstrual function, which is advanced and sometimes more profuse.

A. Cartaz.

MOUTH, PHARYNX, &C.

Sendziak (Warsaw). — *Contribution to the Etiology of Black Tongue.* "Monatssch. für Ohrenheilk.," 1894, No. 4.

In a case of black tongue the author removed by the sharp spoon a portion of the surface of the tongue and found a micro-organism, which he has carefully examined and called a mucor niger.

Michael.

Jaruntowsky (Posen). — *Etiology of Tuberculous Affections of the Mouth.* "Münchener Med. Woch.," 1895, No. 18.

A PHTHISICAL patient, forty years old, complained for some days of pains in swallowing. In the region of the left molar tooth there was an ulcer covered with a necrotic slough. In the circumference there was inflammation and miliary tubercles in the tissue. The gum also was ulcerated. Extraction of the carious lower molar tooth was effected. The examination of the contents of the carious cavity showed conglomerations of tubercle bacilli. Some weeks later, death.

Michael.

Nissins, J.—*Disorders of Speech in Neuroses (Hysteria, Chorea, Paralysis Agitans).* "Gaz. de Hôp.," Apr. 13, 1895.

CRITICAL review, with a study of hysterical mutism and [stammering. Nothing new.

A. Cartaz.