of phytolacea and salol, combined with a laxative, and sometimes with the iodide of potassium, or with the bromide of potassium for its sedative effects. I give the extract of phytolacea in doses of from 2 to 4 grains, and salol in the same dose, or sometimes in doses of 10 grains. Tincture of bryonia and of cimicifuga have been claimed to be valuable remedies in the treatment of rheumatism. I have used them both, apparently with slight benefit in some instances, but the obstinate cases have done better under the phytolacea and salol, with the occasional use of the other remedies already suggested.

I have records of over fifty well-marked cases of this disease observed during the past four or five years, from which I deduced what I have said in this paper regarding the symptomatology, prognosis, and treatment.

INSTRUMENTS AND THERAPEUTICS.

Trestel.—A Modified Lucae Tonsillotome. Laryngologische Gesellschaft zu Berlin, Jan. 10, 1890.

THE author exhibited this instrument.


THIS is a tubular speculum of oval shape, and tapering slightly from base to apex. It can be pushed into the nostril, and the author has found it valuable in applying caustic to the posterior ends of the inferior turbinate bones.

B. J. Baron.


An instrument, having the form of the Jarvis snare, but having besides upon its shaft a screw, which allows it to be converted into an écraseur when the parts to be removed are too hard to be torn away.

Joal.


THE anterior end of the instrument is movable. It is just as serviceable for use with the cold wire as the galvano-cautery.

Michael.


A LARYNGEAL forceps, with an angular termination, so that they can be introduced under the glottis, and the surgeon can operate in the sub-glottic region.

Michael.
The Journal of Laryngology and Rhinology.

Lange.—Rare Case of Idiosyncrasy towards Tannic Acid in External Use. "Deutsch. Med. Woch.," No. 1, 1890.

A patient, twenty-nine years old, was brushed with tannic acid on account of chronic pharyngitis. The brushing was followed by extremely acute oedema of the uvula, and then by an exanthema like urticaria over the whole body. The patient related that he had had the same thing happen some time ago, when another physician had applied tannin externally. The author also relates a case of idiosyncrasy towards iodine. The patient brushed with a solution of iodine and iodide of potassium, had a few minutes later a very severe coryza, lasting a whole day.

Michael.


SULPHORICINIC naphthol, 10 per cent., employed pure as a direct topical application, or in the form of an emulsion to the nasal cavities is very useful in the treatment of ozena, and has also given good results in ulcerative tuberculosis as a laryngeal application. Sulphoricinic phenol has been especially useful without addition of water. This preparation presents the considerable advantage of being without caustic action upon the mucous membrane of the upper air passages, even when crystallised phenic acid exists in the proportion of 40 per cent. Applied to the tongue it produces only a sensation of slight warmth, and the tonsils and pharynx may be brushed with it without marked pain to the patient. For local energetic applications after cocainisation in ulcerative laryngeal tuberculosis, sulphoricinic phenol, 40 per cent., is proved of great use, and the results obtained with it have been superior to naphthol. Ruault has also employed sulphoricinic creosote and salol with equal success.

Joal.


An annotation, in which the fact is mentioned that not only does cocaine increase the body temperature, but it is the most energetic substance yet known that possesses this action. It causes the development of an actual febrile state by acting on the cerebral heat centres. Hunter Mackenzie.


There is nothing new in that part of this paper that concerns us especially. Like all of us who are doing throat and nose work, we use, and with much comfort to ourselves and our patients, cocaine, and we rarely have any disagreeable after effects of its use. The author warns us against allowing a patient who has had the drug applied to the throat to swallow too soon, as food is apt to pass into the larynx. He considers it the best pain-quelling remedy in phthisis laryngea.

B. J. Baron.


Four cases had been treated. Huskiness of the voice was induced in
two cases, which soon passed off. In another case with basic phthisis
and inter-arytenoid ulceration of the larynx, the treatment had to be dis-
continued on account of aggravation of the laryngeal disorder. The
results were inconclusive, although it was shown that the treatment
was not seriously detrimental, and in two cases of pyrexial disease some
advantage seemed to accrue from it.

Hunter Mackenzie.


The author opposes the conclusions of Howard on this subject, and
defends the method of drawing forward the tongue (vide JOURNAL OF

Hunter Mackenzie.

DIPHTHERIA.

Editor of Lancet (London).—Croup or Diphtheria. "Lancet," Apr. 6, 1889.

In this article the editor points out that an epidemic of diphtheria in
Camelford was for a long time undiscovered owing to the causes of death
in some cases having been certified as croup, in others as diphtheria.

Hunter Mackenzie.

Caillé.—Personal Prophylaxis in Diphtheria. "The Med. Rec.," Oct. 12,
1889.

Nasal insufflations and gargling of non-irritating antiseptic liquids such
as salt, alum, boric acid, permanganate of potash, chlorate of potash, and
Labarrague's solution in water; removing large tonsils, and stopping or
extracting decayed teeth are recommended.

B. J. Baron.

Earle, C. W.—The Necessity of Prolonged Rest after some Attacks of Diphtheria.

Keeping a patient in bed for two or three weeks after all symptoms are
over is, in many cases, to be recommended, and is imperatively necessary
where symptoms of paralysis have shown themselves.

B. J. Baron.

Sept. 21, 1889.

This paper was read before the American Laryngological Association.
The child lies in a crib, one side of which is open, and the face of the
patient is turned towards a vessel suitably placed to receive a solution of
carbolic acid and compound tincture of iodine, with or without boric acid,
which is made to thoroughly flush the back of the throat by being
boldly squirted into the back of the mouth by means of a household
syringe, armed with the rectal tip if the child is fractious. This is said
not to find its way into the larynx, as the tongue reflexly arches, pushes