

4. *Hyperplastic rhinitis.* A small crystal of the acid is placed on the end of a probe and rapidly applied to the diseased region. The results are, as a rule, very good—especially in dry catarrh, vasodilator coryza (*vide* the *JOURNAL OF LARYNGOLOGY AND RHINOLOGY*, December, 1889, p. 512), and swelling of the nasal mucous membrane remaining after acute colds in the head. The acid should be preferred to galvano-caustics and chromic acid (in particular, in aged people, and children), since the reaction is comparatively slight, and the procedure almost painless.

5. *Chronic nasal catarrh*, with profuse purulent discharge, but without any marked hyperplasia. No special benefit is obtained from the acid.

6. *Adenoid vegetations.* Cauterisation with the acid is followed by a slow disappearance of the new growth, without causing any strong local irritation.

7. *Dry pharyngeal and naso-pharyngeal catarrhs*, with tendency to formation of crusts. Paintings with a 0.5 or one per cent. solution leads to a rapid improvement of all symptoms—"though not invariably."

8. *Acute laryngeal catarrh.* Painting or spraying with a one-twentieth to one-fifth per cent. solution of the acid (morning and evening), and simultaneous inhalations of a one per cent. solution of bromide of potassium (several times during the day-time), rapidly relieve cough and all subjective symptoms.

9. *Dry chronic laryngeal catarrh.* Painting with a from 0.5 to two per cent. solution of the acid, made once daily, or every other day, lead to a fairly good result, and that within a short period. It is advisable, however, to always begin with the weakest solution.

10. *Hyperplastic laryngitis.* Painting with a five per cent. solution, gradually ascending to the acid in substance (applied after painting the larynx with cocaine), proves more beneficial than the ordinary treatment by nitrate of silver. Reaction is always but trifling.

11. *Laryngeal tuberculosis.* Weak solutions lead to aggravation of the process. Stronger ones were not tried by the author.

12. *Gingivitis pyorrhoeica.* Painting with a ten per cent. solution (on cotton wool, introduced by means of a fine needle between the gum and tooth up to the alveola), repeated once every few days, leads usually to permanent cure.

Valerius Idelson.

DIPHTHERIA.

Prudden, S. Mitchell (New York).—*On the Etiology of Diphtheria.* "Inter. Jour. of the Med. Sciences," April and May, 1889.

THE author describes a streptococcus as the most constant micro-organism present in the diphtheritic tissues: it is apparently identical with the streptococcus pyogenes, and the streptococcus of erysipelas. He affirms that weak solutions of sublimate are very effectual as streptococcicides.

Hunter Mackenzie.

May, E. (Hanwell).—*Diphtheria and its Treatment.* "Lancet," August 17, 1889.

THE author recommends the removal of the membrane, the application of strong antiseptics, and the maintenance of the functional activity of the excretory organs.
Hunter Mackenzie.

Grosostheun. — *Treatment of Diphtheria.* "Münch. Med. Woch.," 1890, No. 16.

THE author applies thymol internally and externally, and is satisfied with his results.
Michaël.

De Armond.—*The Need of Nourishment in Diphtheria.* "Weekly Med. Review," Oct. 26, 1889.

THERE is nothing new in this paper, the author merely insisting on the urgent necessity of careful and constant feeding on good milk and cream, with or without stimulants.
B. J. Baron.

Prudden, J. Mitchell, and Northrup, P. J. (New York).—*Studies on the Etiology of the Pneumonia complicating Diphtheria in Children.* "Internat. Jour. of the Med. Sciences," June, 1889.

A BACTERIOLOGICAL investigation. The authors believe a streptococcus the cause of the malady.
Hunter Mackenzie.

Walker, Jerome (Brooklyn).—*Notes from Practice.* Archives of Pediatrics, June, 1889.

THE author believes that the excessive moisture, and the high temperature of the room usually maintained in diphtheria to be distinctly prejudicial. The air of the sick room ought to be pure and cool, and occasional inhalation may be practised.
Hunter Mackenzie.

Earle, Charles W. (Chicago).—*The Contagiousness of Diphtheria, and its Municipal Control.* Archives of Pediatrics, May, 1889.

CONTAINS nothing of importance.
Hunter Mackenzie.

Stanley, Alfred (Birmingham).—*Local Treatment of Diphtheria.* "Brit. Med. Jour." Dec. 14, 1889.

A RECOMMENDATION of sulphur as an insufflation, a gargle, and an inhalation (fumes of burning sulphur).
Hunter Mackenzie.

Brothers.—*The Treatment of Croup.* "New York Med. Jour.," Jan. 18, 1890.

IT may begin as (1) a simple catarrhal laryngitis. Nothing new suggested in the way of treatment. (2) A croupous bronchitis, which invades the larynx by upward extension, which the author believes is not nearly so rare a condition as it is supposed to be. The author prefers tracheotomy to intubation in these cases, where it is needful to operate to remove the stenosis, and he advises the use of very small tubes, which can be easily coughed out, and allow the fibrinous cast to follow where intubation is practised. (3) Diphtheritic laryngitis, or it may occur in connection with diphtheria of the nose, tonsils, or pharynx.

Stimulation, corrosive sublimate, and thorough cleanliness in nasal

diphtheria, are very necessary, and intubation has proved to be very successful. In tonsillar diphtheria the usual remedies are suggested.

The author is very fond of the free use of steam, and for nasal irritation he employs a very weak solution of common salt (less than half per cent.), lime water, or boric acid lotion—any of these to be used every one or two hours. Carbolic acid he does not prescribe in young children, as it is so apt to poison by absorption, but has had good results from spraying through the nose or mouth of a one to five thousand to ten thousand solutions of hydrarg. perchloride.

Internally he pins his faith on hydrarg. perchloride. He gives from one-eighth to one grain to a child two years old per twenty-four hours, for days together, and with the mercury he prescribes chlorate of potash and perchloride of iron, administered in small quantities every hour.

Heart stimulants of all kinds are valuable, but emetics must be used cautiously. At the beginning they are good, provided the patient be strong enough to stand them.

Out of nineteen cases intubated there were eight recoveries, or forty-two per cent.

B. J. Baron.

Ott (Prague).—*Erysipelas Faciei following Pharyngeal Diphtheria.* "Präger Med. Woch.," 1890, No. 14.

THE author relates two cases of severe diphtheria complicated by erysipelas. Both cases were cured. This complication is rarely observed, and it must be considered to be only an accidental complication, because both diseases are caused by totally different micro-organisms. (A Russian physician, Dr. Battschinsky, of Kiew, has observed some cases of diphtheria complicated with erysipelas all cured, though he believed them to be hopeless cases. He proposes, therefore, to inoculate erysipelas in bad cases, and believes that both diseases are antagonistic.) *Michael.*

Jamieson, James (Melbourne).—*On the Nature and Causes of Diphtheria, and its Relation to Croup.* Trans. of the Inter-Colonial Medical Congress of Australasia, 1889.

Hood.—*Notes on Diphtheria.* *Ibid.*

Dr. JAMIESON.—The first cases of diphtheria recorded in Victoria occurred at the end of 1858, and in Tasmania about the same time. The disease spread rapidly, and in 1860, 792 deaths were recorded. As regards its spread, diphtheria seems to have many points of resemblance to typhoid, in that insanitary conditions favour its spread. It is possible that the poison, which causes common ulcerative sore throat, may undergo some process of intensification, and produce the more serious disease, which is then transmissible from person to person. Cold and damp weather, which favour catarrhal sore throats, also favour diphtheria.

The author is strongly of opinion that diphtheria is a local disease primarily, and the throat affection may be very slight and be overlooked, and some such cases even have no constitutional symptoms, and his view is supported by local infection of the nostrils, toes, breast, etc. (examples of which are given), by the diphtheritic process. The short incubative period favours this view. He cites a case when a child, exposed to

infection at mid-day, had diphtheria well developed at night. Prof. O. Weber had a similar experience in himself. In searching for the group of diseases with which to class diphtheria, the author thinks that we shall not find it in the exanthemata. The progress of the disease more resembles erysipelas than scarlet fever, *i.e.*, a disease which takes its origin in infection of some local spot, *e.g.*, hospital gangrene, and the cases where severe constitutional symptoms have occurred, either without, or before severe throat symptoms are manifested, it is certain that there has been some faucial affection at an early period, which disappeared spontaneously, or under treatment. He has never seen death occur in which there has been no diphtheritic process at all.

Absorption of poison may take place quickly, *e.g.*, on a raw surface, or from a lacuna of the tonsil, at a time when very little is visible on the surface. Systemic infection may be due to admission of a specific virus into the system, or from the absorption of putrefactive products from the seat of the local lesion. The severe constitutional symptoms come on as a rule about the height of the local infection, and in proportion to its intensity. The disease differs from the exanthemata in that one attack does not give immunity against a second.

The disease should be treated as a local one, and efficiently, *i.e.*, with persistence with the remedy used, avoiding injury to the parts by cauterization and rough treatment.

The author is distinctly in favour of the view of the identity of croup and diphtheria, for which he adduces reasons. He insists upon the importance that this view should be held, for experience has convinced him that energetic local treatment can alone be relied on in faucial and laryngeal diphtheria (croup), through for manifest reasons it can never be depended on to be so successful in the latter as in the former.

Dr. HOOD.—Basing his opinions upon seventy-five cases attended by him during four epidemics, he came to the conclusions that in certain districts of the colony diphtheria is endemic; that in purely epidemic diphtheria very few adults are affected, and when so affected their resistant power is greater than that of children, hence few deaths occur amongst adults. The four epidemics the author has seen always occurred in the autumn, when everything was burned up after summer heats, rivers low, and muddy banks exposed to hot sun, air dry, and full of dust and particles of decayed matter, and when everybody was worn out by a long hot summer, and staying power was low.

Early rectal alimentation, with addition of liquor strychniæ, is the means of saving many lives, especially in children who will not swallow medicine. He is convinced of the solvent power of zymine as a local application to the diphtheritic membrane. By applying pure carbolic acid to the patch in an early stage it is possible in some instances to shorten the duration of the disease.

In the discussion following the reading of these two papers

Dr SPRINGTHORPE stated that a large number of cases of "diphtheria" sent into the Melbourne Hospital turned out to be epidemic influenzal sore throat. Locally there was a deposit of mucus, simulating false membrane. Where the catarrh invaded the tonsillar and epiglottidean regions the

resemblance was marked. Probably such cases, and also simple catarrhal laryngitis, are called diphtheria in practice.

Dr. BARRETT said that a distinction must be made between diphtheria and such affections as follicular tonsillitis and forms of laryngitis with mucoid exudation (not false membrane). Cases undoubtedly existed, as quoted by Dr. Jamieson, where diphtheria was produced by local inoculation, but these facts did not prove that it could not be produced in any other way.

R. Norris Wolfenden.

MOUTH, TONGUE, PHARYNX, ŒSOPHAGUS, &c.

Cousins, J. Ward (Portsmouth).—*Melanotic Sarcoma of the Sub-Maxillary Gland.* "Brit. Med. Jour.," Dec. 14, 1889. S.E. Hants District, B.M.A., Nov. 14, 1889.

THE growth had been removed, and nine months previously the right eyeball of the same patient had been excised for melanotic sarcoma.

Hunter Mackenzie.

Cousins, J. Ward (Portsmouth).—*Salivary Calculus Removed from Wharton's Duct.* "Brit. Med. Jour.," Dec. 14, 1889. S.E. Hants District, B.M.A., Dec. 14, 1889.

EXHIBITION of specimen.

Hunter Mackenzie.

Barling (Birmingham).—*Congenital Syphilis.* "Brit. Med. Jour.," Nov. 23, 1889, Mid. Med. Soc., Nov. 6, 1889.

EXHIBITION of a girl, aged seventeen, the subject of congenital syphilis. She was the eldest of eight children, and the only one showing evidence of the disease. She was quite deaf, had double interstitial keratitis, Hutchinson's teeth, and severe ulceration of the palate. The soft palate was adherent to the base of the tongue, and food passed into the pharynx through a perforation on the right side which was not more than half an inch in diameter.

Hunter Mackenzie.

Rundle.—*Epithelioma of Tongue.* "Brit. Med. Jour.," Dec. 14, 1889. S.E. Hants District, B.M.A., Nov. 14, 1889.

PATIENT and specimen (one half of tongue) shown. Rapid recovery after the operation was believed to have been facilitated by the use of iodoform dissolved in tinct. benzoin comp., as a dressing.

Hunter Mackenzie.

Jacobson (London).—*Pre-cancerous Condition in Epithelioma of the Tongue.* "Brit. Med. Jour.," Dec. 14, 1889. Met. Counties Branch, S. London Dist. B.M.A., Dec. 4, 1889.