genital infection. It seems possible that the ulcer on the head was developed at the site of the primary sore, but the early development of the nervous symptoms would in that case be remarkable. Dr. Grant hoped to show the case at the next meeting of the Society.

Abstracts.

NOSE, Etc.

Lublinski, M.—*Acute Purulent Perichondritis of the Nasal Septum.* "Deutsche Med. Wochenschrift," September 19, 1901.

In a case observed by the author—a woman, aged thirty-six years—the cause was in all probability the presence of carious teeth. In the case of a boy, aged twelve, no definite cause could be assigned. In both cases the anterior nares were blocked up by dark-red tumours springing from the septum. In both cases free incisions were made, followed by tamponment. Both patients recovered in about ten days, and in neither case did perforation of the septum follow. *W. Milligan.*

LARYNX, Etc.

Delavan, D. Bryson.—*The Results of Treatment of Laryngeal Cancer by Means of the X Rays.* "Medical Record," October 18, 1902.

Up to the moment of writing the author had been unable to hear of a single case of laryngeal cancer which had been cured by the X rays. Whilst fully recognising that the only hope, as far as is at present known, lies in very early and radical operation, he is of opinion that in an average case, where the progress of the disease is not rapid, and where a few days would necessarily have to elapse between the time that a diagnosis of cancer was established and the time of operation, the employment of the X rays is justifiable. In an inoperable case which the author cites the patient was submitted to eighteen exposures. After the first few sittings the growth appeared to become less tense, and to soften about its middle, whilst it became harder at one end. Later on the growth appeared to be breaking up, but the patient suddenly succumbed to renal disease. *W. Milligan.*

MOUTH, FAUCES, Etc.

Guérin, C.—*On the Non-identity of Human and Avian Diphtheria.* "L'Écho Méd. du Nord," September 28, 1902.

The false membranes occurring in birds suffering from avian diphtheria are found to contain a very great variety of microbes—micrococci, bacteria, bacilli of different kinds, moulds, coccidia, gregarinæ, and trichomonades. In studying these micro-organisms investigators have succeeded in producing false membranes in the fauces of birds by inoculating cultures of almost any of them. But this is not surprising, because in birds false membranes are very easily produced on wounded

mucous membranes by a great number of micro-organisms; but in no case has true avian diphtheria been produced. Avian diphtheria is a generalized disease, with brownish-yellow fibrinous deposits in the pleura, the air-sacs, the peritoneum, and the oviduct.

The author has succeeded in separating out the pathogenic micro-organism. He takes a piece of false membrane from the air-sac of a diphtheritic pigeon, triturates it in sterilized distilled water, and inoculates a small quantity of this into the conjunctiva of the lower eyelid of a young pigeon. A new false membrane is produced on the lid. From this a second triturate is prepared and inoculated on a second pigeon, and so on. A pure culture of a cocco-bacillus of the Pasteurella group is soon obtained, the virulence of which increases with each passage through a fresh pigeon. The third or fourth pigeon dies within twenty-four hours of inoculation of general septicæmia. If this organism is injected subcutaneously or intraperitoneally it causes death from acute septicæmia, and can be recovered in considerable numbers from all the tissues and glands of the body, but it does not produce the macroscopic lesions of the natural disease. These, however, are readily produced by mixing a virulent culture of the bacillus with the food of pigeons, etc. It is interesting to note that the excrement of birds thus infected is virulent, and if inoculated on to the lower eyelid gives rise to the symptoms described above; and after being passed through two or three hosts a pure culture of the bacillus is obtained. Having thus established the fact that this cocco-bacillus is the micro-organism of avian diphtheria, the author discusses the question whether it is infectious for human beings. He knows of only one authentic case (Loir and Ducloux), in which a child living on a farm was attacked with pseudo-membranous laryngitis, whilst the poultry suffered from avian diphtheria, and the same microbe was found in the membrane from the child as in the membranes from the fowls. But the author considers even this case of no value, as the micro-organism was evidently a member of the coli bacillus group, and the disease was, therefore, not true avian diphtheria. The author has no doubt that avian diphtheria is non-infectious for man. In the "Nord," where cock-fighting is the great sport, artisans, labourers, etc., all rear game-cocks. These birds are extremely susceptible to avian diphtheria, and when ill they are brought into the kitchen, kept near the stove, and fed by hand by some member of the family; the false membranes are scraped out with a little scraper and scattered promiscuously about the room. Similarly, in the district around Lille young people and even children are employed in the forced feeding of pigeons for four hours a day, feeding them "from mouth to beak." Thirty to forty per cent. of the game-cocks and a large percentage of the pigeons have diphtheria with false membranes in mouth and pharynx, but the workers do not take diphtheria. In sixty-eight examinations of false membranes from poultry the author has twice been able to separate out a bacillus morphologically resembling the Klebs-Loeffler bacillus, but incapable of producing any toxin. Post-diphtheritic paralysis has been reported in birds, but the author has never seen a case. Injections into diphtheritic birds of human antidiphtheria serum has no better effect than the injection of an equal quantity of normal horse serum. Thus Klebs-Loeffler bacillus occurs only very rarely in the false membranes of poultry, and when it is present is not the pathogenic agent; on the other hand, the cocco-bacillus of avian diphtheria appears to be non-pathogenic for man.

Arthur J. Hutchison.

Nicolle and Hebert.—*Sore Throat due to the Pneumo-bacillus of Friedländer.* "La Presse Méd.," May 31, 1902.

The pneumo-bacillus is seldom found in the throat, even in the saprophytic condition. Netter found it 9 times in 105 examinations, Nicolle and Hebert have found it 24 times in 3,670 specimens of pharyngeal exudation examined in their laboratory. In 11 cases it appeared to them to play an important part in the production of false membranes; in the remaining cases it probably existed in the throat merely in a saprophytic condition.

Twenty-two cases have now been reported in which this bacillus produced sore throat with false membrane closely resembling diphtheria in appearance, though not in symptoms.

The authors report the following case: A child, aged twelve, complained of slight pricking sensation in her throat. Her father (a doctor) examined the throat at once, and noted a whitish, diphtheritic-looking patch on the right tonsil. Next day there was a false membrane on the tonsil, which was tough, adherent and left a bleeding surface when removed. There were no other symptoms beyond slight pharyngeal discomfort; no fever, pulse normal, no eruption, excellent appetite. The false membrane persisted without spreading and without causing any other symptom for several weeks, then disappeared. Direct examination of the membrane and examination by means of cultures established the diagnosis of angina due to Friedländer's pneumo-bacillus.

Arthur J. Hutchison.

EAR.

Hopkins, G. W.—*Superheated Compressed Air in the Therapeutics of Chronic Catarrhal Otitis Media.* "Med. Record," September 6, 1902.

The author recommends an electric heater as the ideal appliance for this purpose. A pad of gauze is placed over the ear, and by means of an ear speculum the gauze is pressed into the meatus. The ear tip of the heating apparatus is then carried well into the canal, leaving just a small space between its tip and the outer surface of the membrana tympani for the escape of air. The following are the author's conclusions:

1. That as an exclusive treatment it is rarely of much value in bad cases.
2. That when indicated and judiciously employed, in conjunction with other measures of recognised value, it will give results which would be utterly impossible without its aid.
3. That when employed with care it is absolutely safe unless contra-indicated.
4. That it is of little value in old subjects who have extensive labyrinthine involvement.
5. That it stimulates absorption of articular deposits, removes atrophy, and relieves rigidity of the tensor tympani.
6. That it acts more favourably on the ossicular chain than on many other articulations, because of their exceptional proximity to the surface.
7. That arterio-sclerosis, serous effusions into the tympanum, and perforations of the tympanum are usually contra-indications, and always contra-indications to the inexperienced operator.

W. Milligan.