

endolymph might be readily interfered with, and abnormal tension, such as to produce vertigo, readily induced.

In the discussion, in which Drs. HERR VON FRANKL, HECKWART, URBANTSCHITSCH, POLITZER, GOMPERTZ, POLLAK, and GRUBER took part, it was generally recognized that in the introduction read by Prof. Gruber there were some new and important points of view with regard to the nature and prognosis of these diseases brought forward; but that the description, "Ménière's symptoms," should be retained for the sake of practical necessity as a name for a certain complexus of symptoms, but not, like "morbus Ménièrei," arising from a primary disease of the labyrinth.

*Dundas Grant.*

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## ABSTRACTS.

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### DIPHTHERIA, &C.

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**Buckingham, E. M.** — *A Clinical Study of Cases of Angina resembling Diphtheria in which the Bacilli are reported absent.* "Arch. of Pediatrics," Dec., 1895.

A CLINICAL report of fifteen cases of apparent diphtheria in which repeated bacteriological examination was made with negative result. The temperature remained high for longer periods than a parallel series of true diphtheria cases, the heart action was stronger, and the amount of redness and swelling was out of proportion to the membrane. The author suspects scarlet fever with absence of rash.

*Ernest Waggett.*

*Discussion on Diphtheria in the Glasgow Medical and Chirurgical Society.* "Glasgow Med. Journ.," July and August, 1895.

THE discussion was opened by (a) Dr. R. M. Buchanan, who dealt with the bacteriology of diphtheria; (b) Dr. Armand Ruffer, who dealt with (1) the question of the diagnostic value of the diphtheria bacillus; (2) the methods of preparing toxin; (3) the methods of inoculating horses so as to obtain a maximum of immunizing power in a minimum of serum; (4) what appeared to be the pathological bearing of the subject under discussion; and (c) by Dr. Newman, who discussed the pathology of diphtheria, the mode of action of antitoxin, and gave his experience in the use of the antitoxin treatment.

*A. J. Hutchison.*

**Nes (Hanover).** — *Intubation in Diphtheria.* "Deutsche Zeitsch. für Chir.," Band 42, Heft 1 and 2.

THE author concludes: Tracheotomy is preferable to intubation, but in many cases intubation may be substituted. In the two first years of life intubation should not be performed. If the lungs are not healthy, intubation should not be performed. In cases in which it is impossible to remove the canula, intubation supplies the best results.

*Michael.*

**Sequeira, J. H.** — *Chronic Pharyngeal Affections and their Relation to Diphtheria.* "Lancet," Jan. 18, 1896.

REFERS to the fact established by StClair Thomson and Hewlett that air filtered through the nares is practically germ-free, and deduces as a corollary that anything

that contributes to oral breathing must be a predisposing factor in the onset of diphtheria. He concludes that (1) tonsillar and post-nasal adenoids are found chiefly in children from the age of two to puberty, and 80 per cent. of the cases of diphtheria are found between these ages; (2) these pharyngeal affections are rare after thirty, while only 3 per cent. of diphtheria cases occur at this period of life; (3) 72·5 per cent. out of forty cases of diphtheria that he had examined presented evidence of tonsillar hypertrophy; and (4) diphtheria is a common sequela of scarlet fever, which severely affects the tonsils, and often leads to mouth-breathing.

*St. Clair Thomson.*

**Wolf, M.**—*Accessory Cavities of the Nose in Diphtheria, Measles, and Scarlet Fever.* "Zeitsch. für Hygiene und Infect. Krankheiten," Band 19.

IN most of the examined cases the author found inflammation of the accessory sinuses. In cases of diphtheria sometimes Loeffler's bacillus is found. *Michael.*

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## NOSE AND NASO-PHARYNX.

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**Batten, Raynor** (London).—*The Association of certain Forms of Myopia with Disease of the Nose and Pharynx.* Ophthalmological Society. "Lancet," July 13, 1895.

AT a meeting of this society (July 4th) Dr. Batten called attention to the association of a certain form of myopia, characterized by localized posterior staphylomata, tilting, and oedema of the prominent margin of the optic disc, with certain affections of the throat and nose—namely, adenoid vegetations, enlarged tonsils, deviation of the septum, syphilitic disease of the nasal bones, and chronic otorrhœa.

*St. George Reid.*

**Berens, T. Passmore.**—*Ichthyol in Rhinitis Atrophica Fœtida, and in Laryngitis Tuberculosa.* Manhattan Eye and Ear Hospital Reports, Jan., 1895.

ABOUT fifty per cent. of a series of seventy cases of uncomplicated ozæna have been "much improved" by application of the pure drug thrice weekly, together with the daily use by the patient of an ointment containing ten per cent. of ichthyol and five per cent. of eucalyptol. Owing to the excessive secretion induced all crusts are loosened and readily expelled. Improvement is reported in a few cases of laryngeal tuberculosis. Ichthyol excites secretion, is a deodorant, an absorbent, and a local anodyne.

*Ernest Waggett.*

**Bronner, Adolph** (Bradford).—*A Few Words on some Common Forms of Reflexes of Nasal Origin.* "Lancet," July 27, 1895.

AFTER referring to the various theories of numerous authorities on nasal reflexes, Dr. Bronner is of opinion they should be divided into two classes: first, where there is some local irritation of the terminal fibres of the fifth nerve, as polypus, local atrophy, etc.; and, secondly, where the nasal changes are not primary, but are due to some secondary neuroses. In these cases the galvano-cautery generally gives relief.

*St. George Reid.*

**Burger.**—*On Empyema of the Antrum of Highmore.* "Volkmann's Vorträge," No. 17.

THE author gives a review on the symptoms, and adds a new symptom. If transillumination is used the patient has, if there is no empyema, a subjective