

serum should be sent out containing less than sixty normal units per cubic centimetre. (3) That antitoxic serum of higher strengths must also be provided to meet the requirements of treatment in more severe cases of diphtheria. (4) That every sample of antitoxic serum sold should be plainly marked with the antitoxic strength of the serum (number of normal units of antitoxic serum per cubic centimetre), the quantity of serum present in the bottle, and the date of issue. *St. Clair Thomson.*

**Soerensen** (Copenhagen).—*Serum Treatment of Diphtheria in the Beglam Hospital in Copenhagen.* “*Therap. Monats.*,” 1896, No. 8.

THE author gives his statistics, and says:—The mortality of the cases treated with and without serum is nearly the same. The differences in the course of the disease were even less. Neither the mortality nor the development of the disease is influenced in any visible manner by serum treatment, but the curative influence of the serum cannot be excluded with certainty. Some cases were very favourably influenced, and secondary affection of the deeper air passages is certainly more rarely observed in cases treated with serum. But if there is already laryngeal diphtheria, and especially commencing stenosis, the injection cannot prevent the further progress of these symptoms. *Michael.*

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## MOUTH, &c.

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**Chassy.**—*Variolous Angina: its Value in Diagnosis and Prognosis of Variola.* “*Thèse de Paris*,” 1896.

FROM the examination of eight hundred and nineteen cases of variola, Chassy concludes that angina appears always at the same time as the cutaneous eruptions—viz., at the end of the third day. It is frequently very marked before the cutaneous manifestations; it has the same evolution—macules, papules, vesicles, to pustules. The eruption in the throat is sometimes accompanied by peritonsillar and submaxillary œdema; and angina, by the coincidence with the eruption of the skin, gives an easier diagnosis. *A. Cartaz.*

**Gaultier, E.**—*Pneumococcal Affections of the Pharynx.* “*Thèse de Paris*,” 1896.

UNDER this title the author describes the various forms of angina caused by the presence of pneumococcus. He divides these varieties into five—suppurative, erythematous, follicular, pseudo-membranous, herpetic. The symptoms of these forms, frequently connected and clinically difficult to separate, are similar to those of pneumonia—intense fever, with high temperature, violent shivering, etc. The local symptoms do not differ very much from those of ordinary angina not due to the pneumococcus. *A. Cartaz.*

**Helbnig** (München).—*On Muscular Macroglossia.* “*Jahrbuch für Kinderheilk.*,” Band 41, Heft 3 and 4.

IN a five-months-old child the author observed a tongue enlarged in all diameters. A portion of the tongue is always outside the mouth. The food is taken easily. Seen some months later, the organ is more enlarged, and cannot be drawn into the mouth. It was treated with Paquelin's cautery, and within a few weeks the tongue could be retracted. Death occurred from croup some months later. The examination of the tongue gave the same results as that of hypertrophy of other muscular organs. *Michael.*

**Thoyer-Rozat.**—*Retro-Pharyngeal Abscess in Children.* "Thèse de Paris," 1896.

IN this thesis Thoyer studies specially the idiopathic abscess, leaving apart the symptomatic. These suppurations are more frequent than is supposed; the insidious origin, the serious complications, make these abscesses a dangerous lesion. He relates numerous cases of sudden death. This accident is due to spasm, caused by compression of nerves, or by reflex action.

After describing the symptoms he discusses the treatment, and advises incision through the mouth, the external opening being reserved for abscesses deep or laterally situated, or in case of spasm of jaws preventing opening of the mouth.

*A. Cartaz.*

## NOSE AND NASO-PHARYNX, &C.

**Bayer** (Brüssel). — *Ozæna: its Etiology and Treatment by Electrolysis.* "Münchener Med. Woch.," 1896, Nos. 32 and 33.

THE author concludes:—Ozæna is a tropho-neurosis, consisting in—(1) An anomaly of secretions of the nose, naso-pharynx, and pharynx. This secretion favours development of the specific microbe which produces the characteristic factor. (2) Disturbances of nutrition and atrophy of the mucous membrane. (3) A rhinitis consequent upon the secretions. The best treatment of ozæna is electrolysis; but this treatment is not without danger.

*Michael.*

**Black, A. M.** (Denver).—*Nasal Sarcoma cured by Operation.* "New York Med. Journ.," Aug. 15, 1896.

THE patient, a woman of thirty-eight, was brought to the author by a medical man on account of an unaccountable rise of temperature, 101 degrees Fahr., the fever being of ten days' duration, and combined with frontal headache, with right-sided nasal occlusion of the same duration, which had been complete for eight days. There was a history of slight right-sided nasal obstruction and nasal hæmorrhage, but the duration of the trouble was not known. A hardish lobulated mass occupied the right side of the nose, causing deviation of the septum and general enlargement and redness of the nose; the growth also projected into the naso-pharynx. Under ether most of the growth was removed with snare and curette, and what was left was removed subsequently under cocaine anaesthesia, and trichlor-acetic acid was used as a caustic. The case had been under observation for two years, with no sign of recurrence. The bulk of the tumour consisted of rather large round and oval cells, showing an alveolar arrangement in parts, and was considered an undoubted sarcoma.

*K. Lake.*

**Chapard.**—*Relation of Rachitic Deformities to Chronic Obstructions of Superior Respiratory Tract.* "Thèse de Paris," 1896.

IN this very interesting pamphlet, Chapard notes the great influence over the thoracic development of chronic obstructions of respiratory tract (hypertrophied tonsils, adenoid vegetations, nasal obstruction, etc.). By diminishing the amplitude of breathing, the lung is atrophied, the thorax is less opened, and little by little is deformed, and these deformations become more and more marked, especially if the child is rachitic. These deformations are not characteristic of the nature of obstructions. He studies each variety, and advises early treatment of the etiologic factor and after-treatment of spine deformations—lordosis or scoliosis.

*A. Cartaz.*