

## NEW INSTRUMENTS, THERAPEUTICS, and DIPHTHERIA.

---

**Brown, Moreau R.**—*A Nasal Ecchondrotome.* "The Medical Record," October 5, 1889.

THE description of this handy instrument which is accompanied by an illustration of it, ought to be read by all those who are in the habit of using the saw, knife, and chisel for the removal of ecchondroses and cancellous exostoses from the nose.

*B. J. Baron.*

**Roe, Johnston, Morgan.**—*Presentation of Instruments at the Eleventh Meeting of the American Laryngological Association of New York.* "New York Medical Journal," October 26, 1889.

Dr. ROE showed—

1. A New Œsophageal Bougie.—The tip of this conical bougie is made of soft rubber to facilitate passage through a stricture, and the base of the case is made of vulcanite for dilating purposes, and it is screwed on to a flexible whalebone stem.

2. An Improved Powder Blower.—This is an almost exact reproduction with trifling alterations of the instrument used by Politzer, and figured in his book on ear disease, translated by Cassells, 1883, and an example of which we have used with much advantage for several years. The idea is the familiar one of a reservoir to hold powder communicating with the tube that holds a charge of it, and which can be emptied at will by blowing through it.

3. A Nasal Bow-Saw.—This is said to be an improvement on Bosworth's saw, which Dr. Roe considers is too flexible, and apt to make a curved cut.

Dr. S. JOHNSTON showed a pharyngeal douche, consisting of a soda water syphon, charged in the usual way, and with a soft rubber tube, twelve inches long, attached to the nozzle.

The tube is passed into the mouth, the tap pressed, and at once the soda water flows into the throat and out again through the mouth or nose. This strikes one as a most original and simple suggestion.

Dr. MORGAN showed a modification of Voltolini's palate retractor, the handle being so bent as to allow an assistant to draw the velum forcibly forward, and yet keep his hand out of the way of the operator.

*B. J. Baron.*

**Gallardo.**—*Toxic Action of Cocaine as a Local Anæsthetic.* "Revista de Medicina y Cirugía Prácticas," October 7, 1889.

THE author, who has very often used this drug as a hypodermic injection, refers to the following case in which he practised an injection of 15 per cent. in order to extirpate an epithelioma of the nose. Hæmorrhage was

slight, but one hour afterwards the patient began to feel heaviness of the head, and giddiness, the skin was pale and cold, the pulse thready, and almost imperceptible in either radial artery, respirations were slowed, and cardiac movements were almost inaudible by auscultation. Stimulating diffusible drugs were administered by the mouth and hypodermically, and the patient eventually recovered, but not until four hours after the onset of symptoms.

*Ramon de la Sota.*

**Stein** (Moscow).—*Trichloracetic Acid in Diseases of the Throat.* Congrès de Laryngol., Paris, 1889.

HE has employed this in various dilutions (1 to 1½ per cent.), and has found it superior to chromic acid, and even in certain cases to the galvano-cautery.

*Joal.*

**Ruault.**—*Sulphorionic Acid as a Vehicle for the Solution of certain Phenols applicable topically for Affections of the Upper Air Passages and especially in Tubercular Laryngitis.* "Revue de Laryngologie," November 15, 1889.

THIS acid has hitherto been used only in commerce for the fixing of certain dye-matters. It is a syrupy substance not irritating the mucous membranes, and mixed with water yields pretty stable emulsions. Forty per cent. of phenic acid (crystallised), and 15 per cent. of salol or naphthol β, can be dissolved in it. Ruault employs sulphorionic naphthol topically in tubercular ulcerations of the larynx with good effect.

*Joal.*

**Hirsh A.** (Orel).—*Antipyrin in Whooping Cough.* "Meditsinskoië Obozrenië," 1889, Nos. 15 and 16, p. 224.

FOLLOWING Genzer's recommendations the writer tried antipyrin (internally, 4 or 5 grains, two or three times a day) in five cases of whooping cough occurring to children aged from seven to eleven, and previously ineffectively treated by belladonna and other orthodox means. In every one of the patients the administration of the remedy was rapidly followed by a very marked and steady decrease in the frequency and intensity of the paroxysms, the "whoops" disappearing entirely in one or two weeks, after which complete recovery soon took place. In one of the cases the convulsive symptoms were distinctly cut short by the drug at their very commencement.

*Valerius Idelson.*

**Van Puteren, Mikhail D.** (St. Petersburg).—*On the Treatment of Thrush by Brushing.* "Vratch," 1889, No. 41, p. 917.

BASING his communication on extensive personal observations in the St. Petersburg *Vospitatelnyi Dom* (Foundling Home), where fever is always prevalent to an appalling extent, Dr. Van Puteren states that the treatment of the affection by painting with a 3 per cent. boracic acid solution or a ½ per cent. one of corrosive sublimate gives utterly unsatisfactory results. The mercurial paintings even sometimes make things worse, since the method is apt to give rise to stomatitis.

The best means is said to consist in mechanically removing the thrush fungi by means of a brush. Any fears about inducing consecutive ulceration by brushing are altogether groundless. As the author's comparative

experiments have shown, in cases treated after this plan, ulcers occur by no means more frequently than in those treated by boracic acid or corrosive sublimate.

*Valerius Idelson.*

**Küttner** (Berlin).—*Electrolysis, its Effects and Methods of Application to Solid Tumours.* "Berlin Klin. Woch.," 1889, Nos. 75 and 76.

IN this paper is found a very exact description of the apparatus for electrolysis and the method of its application. The study of the author's work may be recommended to all who desire to apply this method. As to the relative value of electrolysis the author contends that it may be applied in all cases where other methods are impracticable. In cases where there is no special object in preserving the surface other methods are perhaps better. But as an operation for naso-pharyngeal tumours electrolysis gives the best prognosis, *quoad vitam et sanationem*, and it is also the best method of procuring local destruction and absorption.

*Michael.*

**Heryng** (Warsaw).—*The Treatment of Chronic Tubercular Infiltrations by Electrolysis.* Congrès Inter. de Laryngol., Paris, September, 1889.

THIS treatment has lately been recommended by Voltolini. Heryng has tried it on five patients, and in two cases the success has been surprising. One patient has been completely freed from tubercular infiltration of the epiglottic folds. The second suffered from a chronic tubercular epiglottitis with ulceration, and the condition has resisted the employment of lactic acid and the curette. After two applications of electrolysis, the infiltration of the epiglottis, which was a centimètre thick, entirely disappeared without pain or inflammatory action, and the ulceration was cicatrized in three weeks. The patient having succumbed from dysentery, an autopsy was made, and microscopic preparations demonstrated that the patients treated by electrolysis were completely cured, a thick layer of pavement epithelium covering the formerly ulcerated surface.

*Joal.*

**Egidi.**—*The First Intubation for Croup performed in Italy.* "Archivii Italiani di Laringologia." 1889.

THIS operation has not met with the same success in Italy as in America. It is the merit of Egidi, however, to have introduced it into practice in that country. His cases, although they ended fatally, are very instructive, and confirm the opinion that intubation does not entirely replace tracheotomy. Four cases, however, were afterwards operated upon, with three recoveries, a success so striking that he, though previously an opponent to the method, presented the record of these to the Royal Academy of Medicine and Surgery, in Naples. The first unsuccessful cases have, of course, no value, and not too much importance is to be attached to the first successes, but the author arrives at the opinion that if intubation is always done in croup, it may many times spare the operation of tracheotomy; and from employing the combined methods, that is, intubation, when possible, and tracheotomy, when necessary, we may hope to get the best success.

*Massi.*

66 *The Journal of Laryngology and Rhinology.*

**Armstrong, G. E.**—*Intubation v. Tracheotomy.* “Montreal Medical Journal,” June, 1889.

THE writer reported ten cases of diphtheria with four recoveries : forty per centum—a good showing. In all cases but one, pseudo-membrane had been seen in some part of the pharynx, before, after, or at the time of the operation, so that there can be no reasonable doubt but that nine of the cases were of the nature of diphtheria. Speaking generally, however, how much it must add to the accuracy of statistics, if, in all cases where intubation was demanded, a rhinoscopic and laryngoscopic examination were made by an expert. In the experience of the reviewer, intubation is exceptionally successful in croup, whereas in diphtheria of the larynx, it is very far from satisfactory in its results. Feeding by the œsophageal tube should be carried out in every case, as foreign-body pneumonia has frequently proved itself the cause of death. *George W. Major.*

**Egidi** (Rome).—*Intubation and Tracheotomy.* Congrès Inter. de Laryngol., Paris, 1889.

THE author demonstrated by statistics collected by himself that tracheotomy ought to be preferred to intubation. *Joal.*

**Ranke** (Munich).—*On Intubation.* 62 “Versammlung Deutscher Naturforscher u. Aerzte in Heidelberg.” September, 18-25, 1889.

THE author reaches the following conclusion :—

1. Intubation marks a decided progress in the therapeutics of diphtheria.
2. Tracheotomy and intubation ought to complement one another.
3. The best results will be arrived at in good hygienic hospitals.

In the discussion, Biedert, of Hagenau, recommended the appointment of a commission to collect statistics as to the results of tracheotomy, composed of Drs. Steffen, Ranke, Ganghofner, and Wyss. Escherich, Heubner, Wyss, and Hagenbach endorsed Ranke's views as to intubation.

*Michael.*

**Illingworth, C. R.** (Accrington).—*The Treatment of Diphtheria.* “British Medical Journal,” April 27, 1889.

THE author repeats his recommendations of the biniodide of mercury as a local application in this disease. He prepares it thus : To six ounces of the B.P. solution of the bichloride of mercury add 40 minims of a 1 in 4 solution of sodium iodide. Add an equal quantity of water to this solution, and use as a spray of 1 in 2000. The same in scarlatina. *Hunter Mackenzie.*

**Haig-Brown.**—*Two Cases of Diphtheria Involving a Wound.* “British Medical Journal,” June 8, 1889.

IN the one case a wound over the internal condyle of the right humerus was infected, the axillary glands being enlarged, fever and albuminuria being present, and an ashy-grey pellicle covering the wound.

The second case was that of a wound on the right shin, in which diphtheria supervened. In this case a patch of membrane on each tonsil, with painful and swollen cervical glands followed. The patient died

suddenly from syncope. This patient was the father of the girl first mentioned. There was no evidence of direct infection from any other case or diphtheria in either patient. In the man's case, the throat may obviously have been infected direct from the leg. The father was *not* infected by the daughter directly, though he may have been so indirectly. The sanitary condition of the house was very bad; the drinking water and milk were good.

*Norris Wolfenden.*

**Adler.**—*Diphtheritic Paralysis.* "The American Lancet," October, 1889.

THIS is merely a summary of the well known symptoms, etc., of the disease, also of the usual treatment.

*B. J. Baron.*

**Caiger, F. L.**—*Two Rapidly Fatal Cases of Diphtheritic Paralysis.* "Lancet," December 14, 1889.

BOTH were cases of faucial diphtheria (a man aged twenty-five, and a boy of five), and though paretic symptoms were present in each for a week before death, it was only within the last thirty-six hours that the cases assumed a serious aspect. The symptoms occurred during a late stage of convalescence in the fifth and sixth weeks. In both cases, the faucial affection was severe, and the membrane persistent. The author believes that it is the more severe cases which have the severest sequelæ, the mild cases usually escaping altogether. He is of opinion that a good many cases diagnosed to be of diphtheritic origin, the diagnosis is accepted on insufficient grounds. He has found that cases which, during the acute stage, present a large amount of mucoid secretion at the back of the pharynx, with rhinorrhœa, are the gravest, and rapidly reach a fatal termination.

*R. Norris Wolfenden.*

---

**Gil y Ortega.**—*Remarks upon Diphtheria.* "Correo Médico Castellano," June 10, 1889.—(A polemical article).

*Ramon de la Sota.*

**Fuster.**—*On Diphtheria.*—"Correo Médico Castellano," June 30, 1889.—(A polemical article).

*Ramon de la Sota.*

**Heusch.**—*On Diphtheria.* "Deutsch. Med. Wochensch.," 1889, No. 44.

*Michael.*

**Leonhardi.**—*Principles of Treatment of Diphtheria.* "Deutsch. Medicinal Zeitung," Nos. 39, 40.—(A recommendation of mercurial inunctions, the author being of opinion that tracheotomy is not of value).

*Michael.*

**Kühn.**—*Diphtheria and Erythema Exudativum Multiforme.* "Berlin Klin. Woch.," 1889, No. 43.—(The occurrence of both simultaneously in a young girl of thirteen).

*Michael.*