

Schubert (Reinerz).—*Chlorine-water a specific against Diphtheria.* "Deutsche Medicinalzeitung," 1894, No. 29.

THE author concludes that chlorine-water is the best medicament against diphtheria ; it is a specific ; it is also the best protective agent, and should be given as two liq. chlori to one part water, one teaspoonful every three hours ; as a prophylactic, three teaspoonfuls a day. *Michael.*

Behring (Berlin). — *Cure of Diphtheria.* "Deutsche Med. Woch.," 1894, No. 15.

POLEMICAL article against Dr. Ahronson's recommendation of the diphtheria antitoxin solution (Schering). *Michael.*

Ahronson.—*Cure of Diphtheria.* "Deutsche Med. Woch.," 1894, Nos. 17 and 19.

ANSWERS to the paper of Prof. Behring. *Michael.*

Behring.—*Cure of Diphtheria.* "Deutsche Med. Woch.," 1894, No. 17.

REPLY to the paper of Dr. Ahronson. Polemical articles concerning Schering's preparation.

Seibert (New York). — *Submembranous Local Treatment of Pharyngeal Diphtheria.* "Jahrb. für Kinderheilk.," Band 37, Heft 1.

THE author injects twice a day two to six syringefuls of aqua chlorata (four per cent.) under the mucous membrane by aid of a curved Pravaz syringe. Of one hundred and eighty-nine cases of diphtheria (Loeffler's bacilli were found in all), only seven per cent. died. The general mortality of this epidemic was thirty-eight (nine per cent.) The number of injections depend on the extension of the pseudo-membrane and the general health. The patient also must gargle with a solution of tr. iod. 20 ; pot. iodat. 1'0 ; acid carbol. gtt. x. ; aq. dest. 120'0. *Michael.*

PHARYNX, &C.

Unna (Hamburg).—*Hygiene of the Mouth and Chlorate of Potash.* "Monats. für Prakt. Dermat.," Band 17, No. 9.

THE author recommends the application of this drug, as a tooth paste, in fifty per cent. solution. *Michael.*

Rosinski (Königsberg).—*Gonorrhœal Diseases of the Mouth.* "Zeitschrift für Ohrenheilkunde und Gynakologie," Band 22.

THE author has examined five cases of gonorrhœa of the mucous membrane in newborn children. Macroscopically, there was a white-yellowish discoloration of the palate on both sides of the raphé. It was not a true pseudo-membrane, but a superficial purulent infiltration of the tissue. Between the connective tissue and the epithelium the specific micro-organisms could be found. Spontaneous cure followed after some weeks without any cicatrices. *Michael.*

Mettenheimer.—*Soor at advanced Age.* “Memorabilien,” January, 1894.

DESCRIPTION of some cases in which soor arose in the mouth of marasmic or sick aged people. If the affection is not treated in a rational manner the patient sometimes dies from cachexia. *Michael.*

Siegel (Britz).—*The “Mundseuche” of Men and the “Klauenseuche” of Cattle.* “Deutsche Med. Woch.,” 1894, Nos. 18 and 19.

IN No. 91 of the “Deutsche Med. Woch.” the author has described an epidemic of “Mundseuche” (see report in this Journal for 1892 and 1893). He had observed epidemics of the disease. The symptoms of the disease were the same as those described at that time. The presence of vesicles on the mamillæ of nursing women is also noticed. Concerning the therapy of the disease, the internal use of salicylate of soda has had nearly as specific effect as in acute rheumatism; also sodium dithiosalicylicum gave good results. The best local treatment of the vesicles was touching with nitrate of silver. Of the serum treatment not much good is reported. The bacteria described by the author are confirmed by further investigations and by some well-known bacteriologists. In a child dead of the disease in the *post-mortem* examination swelling of the solitary follicles of the intestine was found combined with ulceration. Also the Peager plaques were red and swollen and the mesenteric glands enlarged. By inoculation of the bacilli in calves the disease could be produced, so that the specificity of them is proved. The same bacillus as that found in man is found in animals dead of “Klauenseuche.” The bacteria (photographed in the original) are 0.5 to 0.7 mm. in length. The centre is not so clearly coloured as the ends. By this they can be recognized from other micro-organisms. *Michael.*

Brown, Price (Toronto).—*Epithelioma of Tongue.* “Ontario Med. Journ.,” Dec., 1892.

THE patient had been operated on for removal of a growth previous to coming under the notice of Dr. Price Brown. The growth occupied the centre of the tongue, commencing a little over an inch from the tip, and extending backwards about an inch and a quarter. With the cautery knife two incisions, joining anteriorly and posteriorly and three inches long, were made extending from the base to near the tip of the tongue. The operation lasted two hours, and very little hæmorrhage occurred. Four months later a slight recurrence took place, and recourse was again had to the cautery. Six months after the second operation the patient was reported as quite convalescent. Dr. Price Brown states that had ordinary surgical methods been pursued, nearly the whole organ must have been sacrificed, whereas the tongue had been retained for all practical purposes in its entirety. *George W. Major.*

Eisenmenger.—*Lympho-sarcoma of the Pharynx and the Soft Palate.* “Wiener Klin. Woch.,” 1893, No. 52.

REPORT of four cases, all ending fatally. In spite of this, the author does not agree with Kundrat that lympho-sarcoma must always have a fatal ending, and is a *noli me tangere* as to treatment. He recommends

energetic arsenical treatment, and saw lympho-sarcomatous tumours disappear in one case under this treatment. *Michael.*

Schmitt (München).—*Alveolar Sarcoma of the Soft Palate.* "Münchener Med. Woch.," 1894, No. 16.

HISTORY and figure of a case operated upon by the author. Of surgical interest. *Michael.*

Cleveland, A. H.—*Epithelioma of the Soft Palate.* "Med. News," April 28, 1894.

REPORT of a case. *R. Lake.*

Bresgen (Frankfurt-a-M.). — (1) *Pharyngo-Mycosis*; (2) *Pharyngitis*; (3) *Pharyngocoele*; (4) *Noma*. Separate Portions of Bern and Schnirer's "Diagnostisches Lexicon für praktische Aerzte."

SHORT concise articles on these subjects. *Michael.*

Hoag, Junius C. (Chicago).—*A successful Method of Treating Follicular Tonsillitis.* "Canada Lancet," June, 1893.

Dr. HOAG comments upon the disproportion existing between the comparatively innocent appearance of the tonsil in follicular tonsillitis and the severity of the constitutional symptoms, and claims that the latter is the result of a toxæmia produced by the absorption of the accumulated material in the lacunæ. He has noticed that the removal of the source of the poisoning results in a speedy amelioration of the patient's condition. After clearing out the openings in the tonsil he recommends the application of peroxide of hydrogen to the cavity.

George W. Major.

Reichmann (Elberfeld).—*A Sound for the Treatment of Œsophageal Stenoses.* "Deutsche Med. Woch.," 1894, No. 15.

POLEMICAL article against a critic of Schreiber on this sound in No. 7 of the "Deutsche Med. Woch." (Compare the report in this Journal.) The author adds a new case treated with good effect by his sound. *Michael.*

Lilienthal, H. — *A Method of Differential Diagnosis in Stricture of the Œsophagus.* "New York Med. Journ.," April 21, 1894.

THE author describes a case of specific stricture which was practically cured by dilatation and iodide of potassium, and describes a method of diagnosis used in this and another case. It consists in introducing some coloured water into the stomach by means of a catheter, and then, some minutes later, administering water, not coloured, by the mouth, and, if there is regurgitation, noting the absence or presence of colour. This shows whether the instrument has passed the stricture or only entered a diverticulum. *R. Lake.*

Tietze (Breslau).—*Treatment of Cicatricial Œsophageal Stricture.* "Deutsche Med. Woch.," Nos. 16 and 18.

THE author reports some cases, and concludes it is now the case (1) that gastrotomy should be performed more often than in cases of grave

contracting stricture of the œsophagus. By the operation the dangers of the disease are diminished, and the local treatment of the stricture, as well in new as in old cases, is much facilitated. Some cases can only be cured after the performance of œsophagotomy. (2) The continual dilatation of the œsophagus by drains is a better method than the usual method of application of bougies. The author has in three cases passed a tube from the gastrotomy wound to the mouth by aid of a guide introduced through the mouth. The drain remained for continual dilatation. The details of the cases should be read in the original. In one of the cases both gastrotomy and œsophagotomy had to be made for successful dilatation of the stricture. *Michæl.*

NOSE AND NASO-PHARYNX.

Tyrrell, R. Shawe.—*A Predisposing Cause of Hay Fever.* "Canadian Practitioner," Aug. 1, 1892. "Transactions of the Ontario Medical Association."

THIS paper is of some value, and well worth perusal, as the conclusions arrived at are the result of careful observation. The author claims that lithæmia is a strong predisposing cause of hay fever. He was himself a sufferer, and found that salicylate of soda taken at night would invariably dissipate a threatened attack. After further experience with the drug, he found that a fifteen-grain dose taken before breakfast was the best means of administration, as it combined the actions of a diuretic, diaphoretic and purgative. The same line of treatment was followed in other sufferers with equally gratifying results. *George W. Major.*

Musehold.—*Treatment of Ozæna (Rhinitis Atrophicans Fatida).* "Deutsche Med. Woch.," 1894, No. 20.

THE author recommends the application of a glycerine-borax solution by Trautmann's nasal spray. *Michæl.*

Bresgen (Frankfurt-a-M.)—*Contribution to the Question of Ozæna.* "Münchener Med. Woch.," 1894, Nos. 10 and 11.

As is well known, Grünwald has asserted the cause of ozæna to lie in suppuration of the nose or the accessory cavities—a view which is contradicted by Hopman and others. To clear this question the author relates some observations from his own practice.

1. A girl, twenty-five years old, with true ozæna. The author found carious processes in the ethmoid and sphenoid bone. Cure of the disease by removal of the carious parts and after-treatment.

2. In a patient forty-seven years old, suffering with ozæna, the author found carious parts in the middle nasal channel of the left side. He believes that the frontal bones, which were now examined and gave a normal result, had been diseased before and been cured by nature. He believes that the carious processes had caused the disease in this case.

3. In a patient nineteen years old the author cured the ozæna by treatment of an empyema of the sphenoidal sinus by aid of the sharp spoon and after-treatment with hexa-violet.