

It is proposed to give an anæsthetic, to examine the throat thoroughly, and remove the adenoids or other cause of nasal obstruction.

Dr. HILL suggested the explanation that the cause of the stridor was that the tongue in certain positions alluded to fell back on the pharynx, pushing with it also the epiglottis, and so causing partial collapse of the vestibule of the larynx.

Dr. SPICER thought the obstruction was intranasal rather than post-nasal, and recommended treatment in that direction.

Mr. SYMONDS called attention to the emaciation of the child and the appearances of general illness, and suggested that the difficulty of breathing when the mouth was shut might be due to the child not inspiring sufficient air into a diseased lung. He did not question the fact of post-nasal obstruction. He suggested a post-pharyngeal abscess as a cause of the child's illness, or possibly pulmonary tubercle.

In reply, Dr. LACK said that there was no malformation of the upper aperture of the larynx in this case. Judging purely from the characters of the sound he thought the stridor was produced in the larynx, probably by the vocal cords; there was no direct evidence of this. The air entered the chest badly, and there was probably some collapse of the bases of the lungs; this was the usual condition in all cases of congenital laryngeal obstruction.

## ABSTRACTS.

### DIPHTHERIA, &C.

**Cobbett, L.**—*Alkali-ed Serum as a Culture Medium for the Bacterial Diagnosis of Diphtheria.* "Lancet," Feb. 5, 1898.

ALKALIZED serum has this obvious advantage over ordinary serum as a solid culture medium, that it remains transparent when sterilized at a high temperature. The medium was first described by Prof. Lorrain Smith in 1894, and since that time it has been used in the pathological laboratory at Cambridge, and has been found very useful for the diagnosis of diphtheria, and for the cultivation of the Klebs-Loeffer bacillus.

Full particulars are given of the methods for preparing alkaliized ox and horse serums.  
*StClair Thomson.*

**Hilbert, Paul.**—*Why should Serum be Injected as Early as Possible in Diphtheria?* "Deutschen Med. Woch.," April 14, 1898. From the Hygienic Institute in the University of Königsberg.

THE answer to this question is deduced from the experiments of the author on the pathology of mixed infection. A timeous injection of serum prevents the entrance of a mixed or secondary infection in many cases by the destruction of the diphtheritic infection, as it makes impossible the increase of virulence by the accompanying streptococci.  
*Guid.*

**Kossel, H.**—*Diphtheria Statistics from the Institute for Infectious Diseases in Berlin.* "Deutschen Med. Woch.," April 14, 1898.

THE present statistics are greatly in favour of Behring's treatment. From 1894 to 1898 the mortality from diphtheria in the Kinder Charité was less than half what it was in the same time before serum was introduced. During 1896 and 1897 the death rate from diphtheria in the whole of Berlin was only equal to what it was in favourable years in the charity hospitals. The mortality per cent. is now about a third of the former rate. In 266 German towns with over 15,000 inhabitants, from 1886 to 1894 the average death rate was 104 per 100,000; from 1895 to 1897 it was only 44.

*Guild.*

**Litchfield, W. F.** (Sydney).—*Some Notes on the Slow Pulse following Diphtheria, with a Case of Very Slow Pulse.* "Australasian Med. Gazette," Feb. 21, 1898.

REFERRING to the slowness of pulse following some cases of diphtheria, the author holds that it is a paralytic phenomenon, and that the lesion is a degeneration of the nerve terminations within the heart. He points out that, if we accept the theory that heart failure is in all instances due to fatty degeneration, we are driven into the absurd position that fatty heart is the essential cause of both a rapid and a slow pulse. In the notes of a case given that had been treated by antitoxin the pulse fell to fifty on the fourth day, and became irregular and gradually sank to thirty-six on the ninth day, when the patient died, an hour before death the pulse only registering twenty. Paralysis appeared on the seventh day, the knee jerk disappearing on the eighth.

*StGeorge Reid.*

**Macgregor, Alexander.**—*The Vitality of the Diphtheria Bacillus.* "Lancet," March 12, 1898.

REPORT of the case of a boy, aged eight years, in which the Klebs-Loeffler bacilli were present in a virulent condition nearly six months after the attack of diphtheria. References are given to other publications treating of the length of time in which the diphtheria bacilli have been found in the throat after the clinical symptoms of the disease had disappeared.

*StClair Thomson.*

**Morse, J. Levett** (Boston).—*A Case of Antitoxin Poisoning.* "Boston Med. and Surg. Journ.," Feb. 17, 1898.

A MILD case of diphtheria treated with five hundred units of the Massachusetts State Board of Health antitoxin, injected with all aseptic precautions. In about seven days slight urticaria was noticed, rapidly developing, with glandular swelling, the glands in the groin being as large as walnuts. There was chilliness, vertigo, and fainting, the whole surface of the body becoming covered with large blotches of urticaria, the thighs being deep purple, and the feet enormously swollen. There was almost complete suppression of urine, that passed being very thick, but without albumen. The patient lost ten pounds in weight, and was laid up for a week.

*StGeorge Reid.*

**Rosenthal.**—*The Dosage of Diphtheria Antitoxin, and its Method of Using.* "Philadelphia Med. Journ.," April 9, 1898.

THE author begins with 1000 or 2000 immunizing units of antitoxin, gives 2000 to 3000 units at the second dose, and gradually increases the dose in this way as the case goes on. His rule is to administer 2000 units in cases above two years old, and who exhibit any degree of malignancy, the laryngeal or nasal varieties, or where there is lymphatic involvement, and dose gradually increased as above mentioned. He quotes one case in support of his contention.

*B. J. Baron.*