

considerably different, and the risks attending the operation so very much greater. At the present time the indications for opening the mastoid antrum on account of chronic otorrhœa, as such, can certainly not be said to be complete, but Dr. Raugé's analogy is in many respects a happy one, and in time we believe its correctness will force itself more and more on the minds of otologists. It cannot, however, be accepted as a practical guide until it has been tested by actual clinical results—not simply by *a priori* conviction. Dundas Grant.

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## A B S T R A C T S.

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### DIPHThERIA, &C.

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**Bazin, A. T.**—*Diphtheria: Notes on Treatment by Antitoxin.* "Montreal Med. Journ.," Apr., 1896.

THIS paper, which deals with a series of 103 cases treated with antitoxin, ten of which ended fatally, contains several points of much practical interest. The author considers that it is better to give an over than an under dose, inasmuch as any toxin remaining unneutralized by the first injection speedily increases to the amount originally present. With regard to the local lesion, it is usual to have the throat perfectly clean in four days, and the author lays stress on the importance of using sprays of bland solutions as soon as the membrane has ceased to be thick and dirty; more powerful applications, such as peroxide of hydrogen, having a tendency to cause persistence of membrane.

Whereas in diphtheria not treated with antitoxin the percentage of albuminuria is from 50 to 70 per cent., only 36 of the series of 103 exhibited this complication, and in only five of these was any increase of albumen noticed after injection. In only two cases did pains in the joints occur with the erythematous or urticarial rashes. Of 50 cases traced, twelve suffered from paralysis. In the case of a nurse full doses of antitoxin were administered twenty-four and thirty-eight hours respectively after the onset of faucial symptoms, with rapid recovery. On the seventeenth day paralysis of the palate and neuritic pains in the limbs supervened and persisted for a month. Ernest Waggett.

**Nyulasy, Frank A.**—*Diphtheria in an Infant eleven months old; Tracheotomy; Antitoxin; Recovery.* "Australasian Med. Gaz.," March 20, 1896.

IN this infant tracheotomy for diphtheria was successfully performed at probably an earlier age than in any previous case in the colony.

Antitoxin was injected on the second day after the larynx had become involved. The same night the condition was such as to demand tracheotomy. After the membrane had been removed from the trachea the breathing was easy. The following morning there was a little dyspnoea and an absence of secretion. In consequence of the ominous character of the latter feature a full dose of Behring's No. 2 serum was injected. Tracheal secretion became free the next morning, and a piece of membrane an inch long was coughed up, giving great relief. A full dose of No. 1 serum was now injected, after which the child gradually improved and is now quite well. The tube was removed on the fifth day after operation. The author attributes the ultimate cure of the diphtheria to the use of antitoxin, for in his experience a "dry tracheotomy" was formerly always fatal. A. B. Kelly.

**Sorensen** (Copenhagen).—*Antitoxin Treatment in Diphtheria*. "Hospitals-Tidende," 1896, No. 4.

THE author, who is physician to the Copenhagen Fever Hospital ("Blegdams Hospital"), publishes in this article statistics of three hundred and eighty-five children with diphtheria without stenosis of the larynx, and eighty-seven children with croup, treated in the above-mentioned hospital with or without Behring's antitoxin, from October, 1894, to the 1st of May, 1895. Excluding moribund patients and infants with pneumonia, sixty-three children of the first group of three hundred and eighty-five children were treated with serum. All these cases were more or less severe. The mortality of these cases was thirty-three per cent., which was also the exact mortality of the severer cases treated without serum. The author's conclusions are as follows:—The cases treated with serum did not show any improvement over the cases treated without serum, either as to the course of the disease or to its duration. Hæmorrhagic diathesis and diseases of the kidneys seemed rather to appear more frequently in the cases treated with serum, and exanthemata, accompanied by fever, were observed now and then in this group of cases. Serum was tried in eighteen cases of croup, and did not seem to have influence on the course of the disease, and all the severe cases of croup ended fatally, while the favourable results could be attributed to the benign character of the epidemic.

*Holger Mygind.*

*Diphtheria and Coryza*.—"New York Med. Times," May, 1896.

RECENT experiences in the treatment of diphtheria have shown that coryza in a child is a very fertile field for the propagation of the Klebs-Loeffler bacillus; the City Board of Health of Brooklyn require all school children having coryza to be examined. Cultures are made from the secretions by the city bacteriologist.

*A. B. Kelly.*

## N O S E , & C .

**Joal**.—*Laryngeal Congestions of Nasal Origin*. "Rev. de Laryng.," April 11, 1896.

THE author refers to a previous paper of his, published in 1884, on "Laryngeal Fluxions," in which he had neglected to give importance to the nasal factor. He discusses laryngeal congestions proceeding from one or other of the following causes: 1, more or less complete obstruction of the nose; 2, propagation of vasomotor disturbances of nasal origin; 3, reflex action consecutive to the erection of the cavernous tissue; 4, lowering of the respiratory capacity by nasal influence; 5, functional insufficiency of the nasal resonator. He relates in detail five cases of vasomotor congestion of the larynx of nasal reflex origin, the laryngeal symptoms, hoarseness, cough, swelling of mucosa, occurring after the nasal phenomena, sneezing, secretion, pituitary turgescence, etc.; and he succeeded in all cases in provoking the laryngeal phenomena by stimulation of the trigeminal and olfactory nerve endings. The author has demonstrated the lowering of the pulmonary capacity by affections of the nose, *e.g.*, in a young singer a hypertrophic rhinitis diminished the capacity by seven hundred centimètres, and loss of high notes followed, difficulty of *mezzo ài voce*, hoarseness, etc., all of which were cured on the removal of a nasal spur. These accidents occur through excessive work on the part of the larynx, leading to fatigue; eventually laryngeal lesions are manifested, congestion, increased susceptibility, cough, chronic laryngitis, with