

two cases, which soon passed off. In another case with basic phthisis and inter-arytenoid ulceration of the larynx, the treatment had to be discontinued on account of aggravation of the laryngeal disorder. The results were inconclusive, although it was shown that that the treatment was not seriously detrimental, and in two cases of pyrexial disease some advantage seemed to accrue from it. *Hunter Mackenzie.*

**Silk, J. J. W.** (London).—*Anæsthetic Apnœa and its Correction: a Clinical Study.* "Lancet," Feb. 16, 1889.

THE author opposes the conclusions of Howard on this subject, and defends the method of drawing forward the tongue (*vide* JOURNAL OF LARYNGOLOGY, Vol. III., pp. 293, 295, and 469). *Hunter Mackenzie.*

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## DIPHTHERIA.

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**Editor of Lancet** (London).—*Croup or Diphtheria.* "Lancet," Apr. 6, 1889.

IN this article the editor points out that an epidemic of diphtheria in Camelford was for a long time undiscovered owing to the causes of death in some cases having been certified as croup, in others as diphtheria.

*Hunter Mackenzie.*

**Caillé.**—*Personal Prophylaxis in Diphtheria.* "The Med. Rec.," Oct. 12, 1889.

NASAL insufflations and gargling of non-irritating antiseptic liquids such as salt, alum, boric acid, permanganate of potash, chlorate of potash, and Labarrague's solution in water; removing large tonsils, and stopping or extracting decayed teeth are recommended. *B. J. Baron.*

**Earle, C. W.**—*The Necessity of Prolonged Rest after some Attacks of Diphtheria.* "The Med. Rec.," Oct. 12, 1889.

KEEPING a patient in bed for two or three weeks after all symptoms are over is, in many cases, to be recommended, and is imperatively necessary where symptoms of paralysis have shown themselves. *B. J. Baron.*

**Mulhall, J. C.**—*Local Treatment of Diphtheria.* "New York Med. Jour.," Sept. 21, 1889.

THIS paper was read before the American Laryngological Association. The child lies in a crib, one side of which is open, and the face of the patient is turned towards a vessel suitably placed to receive a solution of carbolic acid and compound tincture of iodine, with or without boracic acid, which is made to thoroughly flush the back of the throat by being boldly squirted into the back of the mouth by means of a household syringe, armed with the rectal tip if the child is fractious. This is said not to find its way into the larynx, as the tongue reflexly arches, pushes

back the epiglottis, and closes the orifice. A tumblerful of solution is used at each irrigation, and it is due every hour, when the child is awake, and it must never be allowed to sleep three hours before it is repeated. The nose is to be washed out by a special syringe, with bulbous and blunt-ending nozzle, two teaspoonsful of the same solution being used for each nostril, after which an antiseptic powder, composed of finely-powdered sulphur, iodoform, or salicylic acid, highly diluted, and with a little cocaine to prevent irritation. Papain is said to be a good solvent. Laryngeal diphtheria in children can only be treated by inhalation, which the author thus manages: half a gallon of water is put into each of two vessels; these are placed on a gas stove in the sick room, and into each of them is poured half-a-pint of juice tar and a tablespoonful of oil of turpentine. The tar is sufficient for the whole case, but the turpentine must be renewed every hour, and the steam is generated night and day.

In the discussion that ensued:—

Dr. GLASGOW uses peroxide of hydrogen locally, and perchloride of mercury and benzoate of soda internally.

Dr. BRYSON DELAVAN uses perchloride and cyanide of mercury.

Dr. DALY prescribes large and oft-repeated doses of calomel, untritured, mixed with sugar, and floated on a little water.

Dr. ALLEN uses trypsin, applied on cotton wool. *B. J. Baron.*

**Schendel.**—*The Treatment of Diphtheria.* "Berl. Klin. Woch.," No. 6, 1890. THE author recommends the internal use of *Tinct. Rusci. Co.* He has tried it in forty-three cases with good results. *Michael.*

**Cnopf.**—*Diphtheria in the Children's Hospital at Nürnberg in the year 1888.* "Münch. Med. Woch.," Nos. 7 and 8, 1890.

STATISTICAL communications of 83 cases, of which 39 were tracheotomised, with 30 per cent. cures. On the eighth or ninth day the cannula could be removed in the cases ending in cure. In two cases the cannula had to be worn a longer time. In one of these there was a granular stenosis which compelled the retention of the cannula for twenty-seven days. In the second case the complication was perichondritis of the cricoid cartilage. A necrotic piece of the cartilage was removed, and on the nineteenth day respiration was free. In all cases of tracheotomy Piniaczek's bronchial spoon and bronchial forceps are applied for removal of membranes from the bronchi. In the fatal cases the post-examination proved the efficacy of this method. The parts treated with these instruments were free from membrane in the greater number of the cases. The complications of the tracheotomised cases were: in seven diphtheria of the wound, in eight septic infections of the wound, such as erythema, erysipelas; seventeen times inflammations of the respiratory organs; twelve times nephritis, and once convulsions. Death occurred in the fatal cases mostly on the seventh or eighth day. *Michael.*

**Fabre.**—*Subcutaneous Emphysema of the Neck and Chest in a severe Case of Diphtheria.* "Gaz. Méd. de Paris," Sept. 28, 1889.

THE case of a patient with diphtheria who at the end of two days

presented extensive emphysema. At this time the larynx was not invaded. The patient rapidly succumbed. The emphysema was due to efforts at vomiting. *Joal.*

**Caillé.**—*Membranous Croup (Laryngo-Tracheitis) in a Girl Twelve years of Age—Tracheotomy—Recovery.* "The Med. Rec.," Oct. 12, 1889.

NOTHING new in this paper.

*B. J. Baron.*

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## MOUTH, TONGUE, TONSILS, PHARYNX, &c.

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**Black** (Brighton).—(1) *Ulcer Beneath the Left Eyelid, and Another occupying Almost the Whole of the Lower Lip*; (2) *Roient Ulcer of the Cheek*; (3) *Ulcer of the Lower Lip*; (4) *Lupus.* "Brit. Med. Journ.," Oct. 26, 1889. Brighton and Sussex Med. Chir. Soc., Sep. 5, 1889.

(1) This was syphilitic. There was no induration about the sores. The glands in the neck were swollen, hard, and tender. Commencing recovery under iodoform and black wash.

(2) This was of ten years standing.

(3) This was of fifteen to twenty years standing, and had almost healed under resorcin.

(4) This case illustrated the value of treatment by scraping and resorcin. *Hunter Mackenzie.*

**Paget, Stephen.**—*A Case of Tuberculosis of the Gums and Lip.* "Lancet," Mar. 22, 1890. Med. Society.

THE patient was a woman, aged twenty-six. The disease was first noticed three years ago; it had been scraped, but had since recurred. There were other signs of tubercle present, and there was a family history of phthisis. *R. Norris Wolfenden.*

**Rohrer.**—*Ptyolite in Wharton's Duct.* "Internat. Klin. Rundschau," No. 2, 1890.

A SWELLING existed, resembling a ranula, together with inflammation under the tongue. The opening of Wharton's duct was filled with a hard, white mass. A ptyolite as large as a nut was extracted, and cure resulted. *Michael.*

**Molony, Fitz-James** (Porlock, Somerset).—*Obstruction of Wharton's Duct.* "Brit. Med. Jour.," Oct. 26, 1889.

THE cause of obstruction in this case was a fine salivary calculus, forming a cast of the duct. It worked its way out. *Hunter Mackenzie.*

**Hayward, John D.** (Liverpool).—*Obstruction of Wharton's Duct.* "Brit. Med. Jour.," Oct. 12, 1889.