DIPHTHERIA.

CHEATHAM, W. (Louisville).—**The Identity of Membranous Croup and Diphtheria of the Larynx.** *American Practitioner and News, February* 4, 1888.

OUCHTERLONY, JOHN A. (Louisville).—**The Non-Identity of Pseudo-Membranous Croup and Diphtheria.** *Ibid.*

THE titles sufficiently indicate the nature of the articles. Dr. Cheatham, towards the end of his paper, says: "In some of my cases of intubation my friends say that it is a case of croup, and if I can relieve the asphyxia (remember the dualist says this is the only way croup kills) the case will get well. I accidentally wound the lip, the tongue, the pharynx, or the tonsil, a true diphtheritic membrane develops on the site of the wound, and we discover it is a case of diphtheria. This has occurred more than once—yes, several times." **Maxwell Ross.**

MINNICH, —(Salzburg).—**On Croup and its Relation to Diphtheria.** *Wiener Med. Klinik*, 1888, *Heft 2 and* 3.

A VERY extensive report on the epidemics of croup and diphtheria in Salzburg, which the author has observed. He differentiates between the two diseases, and says that diphtheria is an inflammation caused by specific bacilli and propagated by infection; the croupous inflammation arises in a traumatic manner by meteoric influences, which have the same effect as traumata. **Michael.**

LUDWIG — (Pontresina).—**On Diphtheria.** *Correspondenzbl. für Schweizer Aerzte*, 1888, *No.* 4.

THE author differentiates between true diphtheria and pseudo-diphtheria. The latter is only found in adults, and is of benign nature. The differential diagnosis between the two forms may often be rather difficult. It is important to observe the pulse, which in even very slight cases of true diphtheria is more frequent than normal. Diphtheria is not a contagious disease in a common sense; the infection of person to person is a rare mode of propagation; only from vaccination, from kissing the patients, or from sucking the canula (as is sometimes done by physicians) is this mode of infection observed. In most cases the miasm lurks in humid portions of houses, as is proved by some cases which are observed continually in humid places. If the condition of the house was ameliorated there were no more cases of diphtheria. **Michael.**

CAILLÉ, A. (New York).—**A Method of Prophylaxis in Diphtheria.** *Med. Rec., February* 18, 1888.

AS the result of some experiments of the author, he concludes that if the nasal and oral cavities are kept clean by some harmless, non-irritating antiseptic liquid, the frequency of diphtheritic infection is markedly reduced. Although sanitary and hygienic measures should be rigidly carried out where possible, the utmost importance should be attached to

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personal and individual preventive methods. Prophylactic suggestions of simple and practical kinds are not sufficiently dealt with in works on diphtheria. The author passes under review the principal recent works on diphtheria with reference to this point, and concludes with the following practical rules:—In densely populated districts, good house sanitation should be ensured. The over-heating of school-rooms and living apartments is emphatically dangerous. Isolation of the sick should be insisted upon. Enlarged tonsils should be reduced, and carious teeth removed in children, and stopped in the adult. Parents should inspect their children's mouths and throats each day before sending them to school, and children should learn to gargle at an early age. Children with apparently simple sore throat should not attend school until quite well, and preventive measures should be strictly carried out in cases of acute sore throat and follicular amygdalitis. Adults with sore throats should not mingle with children. The kissing of children upon the lips should be forbidden. Children old enough to gargle and rinse their mouths should be taught to do so after each meal, using a weak antiseptic solution; such solutions should be dropped into the nostrils of children each day, or oftener if there is nasal catarrh.

R. Norris Wolfenden.

FERGUSON, JOHN.—A Clinical Study of Fifty-three Cases of Diphtheria. *Canadian Practitioner*, 1887.

As the title indicates, this paper consists of an analysis of fifty-three cases of diphtheria. The treatment prescribed was tincture of iron in full doses every hour. The author condemns the use of chlorate of potash on the ground that whenever administered the amount of albumen in the urine showed an appreciable increase. The mortality was under 10 per centum. The article is interesting, and will repay perusal.

G. W. Major.

MALLOCH, ARCHIBALD E. (Hamilton). — **Experience with Tracheotomy in Diphtheritic Croup.** *Canadian Practitioner*, 1887.

The author strongly advocates the performance of tracheotomy in laryngeal diphtheria. His recoveries have been one in three. He recommends the use of bicarbonate of soda (20 grains to 3j) for the purpose of clearing the tube and of freeing inspissated secretions in the trachea. He tabulates nineteen cases, of which number fourteen died and five recovered.

G. W. Major.

GUTH, RUDOLF (Berlin).—**Statistics of 1,881 Cases of Diphtheria and 1,000 Tracheotomies of the Lazarenkrankenhaus at Berlin** *Report on the Operations performed at the above Hospital*, 1874–1886.

Dr. Langenbech has always introduced an iodoformized sponge or

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cotton before the introduction of the canula to prevent the running down of secretions or food. He believes that in this manner he has increased his successes. **Michael.**

WESENER,— (Freiburg).—**Two Cases of Laryngeal Croup with Diphtheria of the Tonsils discovered Post-mortem; with some Remarks on the Relations between Croup and Diphtheria.** *Münchener Med. Wochenschr.*, 1888, *Nos.* 8, 9.

CONTENTS indicated by the title. **Michael.**

WACHSMUTH,— (Berlin).—**Diphtheria, Scarlatina, and Morbilli.** *Deutsch. Med. Wochenschr.*, 1888, *No.* 22.

THE author treats diphtheria by diaphoresis and chlorate of potash, and is content with his results; he cures morbilli and scarlet fever with Mistura solvens. **Michael.**

HOFFMANN-WELLENHOF.—Researches on the Klebs-Loeffler Bacillus of Diphtheria and its Pathogenic Position. *Wiener Med. Wochenschr.*, 1888, *Nos.* 3, 4.

IN eight cases of diphtheria the author succeeded in making cultures of Loeffler's bacillus; in six cultures it was possible to reproduce a diphtheritic affection in animals. After four weeks the virulence of the cultures disappeared. **Michael.**

HEYGATE, W. N. (Bath).—**Diphtheria during Pregnancy.** *Lancet, December* 17, 1887.

NARRATION of a case, seven months pregnant, in which tracheotomy was performed for diphtheria. The author quotes Korotkevich (1887) as testifying to the rarity of this combination (four cases recorded).

Hunter Mackenzie.

VILATÓ.—Dysphonia, Paralysis of the Right Half of the Soft Palate and the Tongue, and General Paresis of the Voluntary Muscles, consecutive to Diphtheria. Treatment by Hypnotic Suggestion. Cure. *Gaceta Médica Catalana, March* 19, 1888.

HISTORY of a girl, seven years old, who in convalescence from diphtheria showed paralytic symptoms in the larynx and fauces, and paretic symptoms in all voluntary muscles, and whose state lasted for a month and a half without any improvement having been observed. Dr. Vilató hypnotized her by the method of Braid, and during her sleep he ordered her to pronounce words in a high and clear voice; he suggested to her the idea of great force in her limbs, and he commanded her to erect her trunk and head, all of which actions the girl performed immediately. She was awakened after seven minutes, and she felt very strong, and retained her voice and power of movement. The following day the hypnotization was repeated with the same results. **Sota y Lastra.**

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MacDONNELL, R. L. (Montreal).—**On the Early Loss of Knee Jerk in Diphtheria.** *Medical News, October* 15, 1887.

THE author bases his observations upon eighteen severe cases of this disease. All were hospital cases, and their nature was accurately determined. The author concludes that: 1. In a considerable number of cases knee-jerk is lost from the first beginning of the disease, and thus affords a valuable means of diagnosis of the nature of the throat affection. 2. That loss of knee-jerk is the first evidence of the disease having attacked the nervous system. 3. Absent knee-jerk has no influence on the prognosis.

Norris Wolfenden.

HOLT, EMMETT.—Multiple Neuritis Following Diphtheria; Paralysis, Ataxia, and a Peculiar Deformity of the Neck. *New York Clinical Society. New York Medical Record, January* 14, 1888.

A CHILD had diphtheria in August, and a second attack in October. On December 1 she could not hold the head up, and ataxia appeared; there was slight convergent strabismus; the head could be slightly raised from the chest with difficulty; the muscles of the neck were weak, but mobile. There was marked kyphosis, extending from the fourth cervical to the second dorsal vertebra, and compensatory lordosis of the lower part of the spine. Rigidity was absent, but the parts were tender, and the child had cried with pains in the neck. A smooth, nodular, bony prominence was felt in the pharynx. It was at first suspected that the child had Pott's disease of the cervical region. Knee-jerks were lost. There was no ataxia or paralysis of the upper limbs, and the muscles reacted to weak faradic currents. There was marked tenderness over the sciatic nerve and its branches, and hyperæsthesia of the feet and legs. All the symptoms improved under strychnia.

Another child, brother of the former, after a moderately severe attack of diphtheria, also developed nervous sequelæ (nasal voice, regurgitation of fluids, convergent strabismus, diplopia, etc.). Marked paresis of the lower limbs now followed, with tenderness along the sciatic; knee and plantar reflexes were also abolished. A strong current was required to the legs to produce response. There was no difference between the anodal and cathodal closure contractions. During the two weeks he had been taking strychnine the lower extremities had grown steadily worse.

In the discussion following, Dr. GIBNEY said that, when first he saw the patient he remarked the ataxia, and thought the amount of deformity occurring in so short a time could not be due to Pott's disease. The fact of the deformity having subsequently disappeared, proved it to be of diphtheritic origin. He had seen several cases of ataxia after diphtheria.

Dr. MENDELSON thought ataxia in diphtheritic neuritis to be uncommon. It raised the question of diagnosis between locomotor ataxia and diphtheritic paralysis.

Dr. A. A. SMITH thought that tonics and time did more for diphtheritic paralysis than anything else. Strychnine was only useful as a general tonic, and electricity was useless.

Norris Wolfenden.

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LE GENDRE.—The Antiseptic Treatment of Diphtheria. *Archives de Laryngologie, No.* 1, 1887.

THE following formulæ for prescriptions are given :—

1. *Bichloride of mercury.*

℞ Aquæ distill. ℥ 3¾.
Tinct. aconiti. ♏ 15—30.
Sodii chlorid.
Pepsine āā gr. ¾.
Hydrarg. bichlor. gr. $\frac{1}{6}$—2¼. *M.*

A teaspoonful every hour.

2. *Cyanide of mercury.*

℞ Aquæ distill. ℥ 15.
Tinct. aconiti. ♏ 15.
Hydrarg. cyanid. gr. $\frac{1}{10}$. *M.*

A teaspoonful every hour.

3. *Iodoform.*

℞ Ether ℥ 6¼.
Balsam Tolu ♏ 75.
Iodoform gr. 38.

The pharynx may be pencilled every two or three hours.

4. *Bromine.*

℞ Bromine (puris).
Potass. bromidi. āā gr. 8—15.
Aq. distill. ℥ 50.

For pencilling the pharynx ; or for inhalation.

5. *Sulphur.*

℞ Ol. amygdal. dulc. ℥ 5½.
Sulphur. sublim. gr. 38.

To be used as a gargle.

6. ℞ Calcii. sulphid. gr. ¾.
Digitalin.
Quiniæ arsen. āā gr. $\frac{1}{60}$.
Pil. ft. (Half this dose for infants.)

This pill is said to have given good results.

7. *Salicylic acid.*

℞ Aq. distill. ℥ 25.
Glycerin. ℥ 2½.
Aq. lauro-cerasi ♏ 15.
Acid. salicylic. gr. 4½

Applied on cotton wad to the pharynx.

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8. *Benzoate of sodium.*

℞ Aq. distill.
Aq. menth. pip. āā ʒ 10.
Syrup. aurant. cort. ʒ 2½.
Sodii. benzoat. gr. 75.

Half a teaspoonful to a dessertspoonful hourly.

9. *Lactic acid.*

℞ Aquæ. ʒ 25.
Syrup. aurant. ʒ 7½.
Acid. lactic. gr. 75.

As a gargle or spray.

10. ℞ Glycerin. ʒ 15.
Acid lactic. gr. 45.

For touching diphtheritic ulcers.

11. *Oxalic acid.*

℞ Infus. of green tea ʒ 3 2½.
Syrup. aurant. cort. ʒ 7½.
Acid oxalic. gr. 23.

A teaspoonful to a dessertspoonful every three hours.

12. ℞ Acid. oxalic. 1.
Glycerini. 100.

For local use.

13. *Carbolic acid.*

℞ Acid carbolic ʒ 70.
Acid salicylic ʒ 14.
Acid benzoic ʒ 28.
Alcohol ʒ 117.

Use as a spray.

14. ℞ Succi citronis ʒ 75.
Sodii chlorid.
Sodii sulphat. āā ʒ 2½.
Mel. ʒ 3¾.
Syrupi. calcis. ♏ 30—60.
Sodii. carbolat. gtt. 20—30.

A teaspoonful or dessertspoonful every two hours.

15. ℞ Aq. calcis. ʒ 30—75.
Liq. ferri. chlor. ♏ 30—120.
Acidi. carbol. gr. $\frac{9}{10}$—15.
Mel. rosat. ʒ 7½.

For local application to the pharynx, etc.

16. ℞ Sodii borat.
Potass. chlorat. āā gr. 75.
Acidi carbolic gr. 4.
Glycerin. ʒ 2½.
Mel. ʒ 7½.

For local application.

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17. ℞ Tinct. krameriæ ʒ 2½.
Tinct. benzoin ℥ 75.
Tinct. aloes ℥ 45.

The tonsils and pharynx may be touched three times daily with this mixture, and the following powders then be insufflated—

℞ Tannin gr. 23.
Sulphur sublim.
Pot. chlorat. āā gr. 30.

Norris Wolfenden.

HOGEBOOM, C. L. (Jamaica).—**The Treatment of Membranous Croup with Bicarbonate of Soda.** *New York Medical Record, March* 3, 1888.

THE author treated a patient (a child of three) with eighty grain doses of bicarbonate of soda, dissolved in half a teaspoonful of water, to which a tablespoonful of milk was added. This was followed by thirty grain doses every hour until the laryngeal symptoms abated. Weak milk and water was also given, and warm fomentations applied to the throat.

Norris Wolfenden.

NOSE AND NASO-PHARYNX.

GOODWILLIE, D. H. — Nasal Intubation. *New York Med. Journal, February* 4, 1888.

THE author is in the habit of using oval-shaped tubes of the same size with the exception of the anterior end, which is shaped to fit the rest of the nostril: the tubes are made in soft rubber, platina, or aluminium, of different sizes, ¼ inch to ½ inch in diameter and 2½ to 3½ inches long. They are more comfortable if the anterior end be made of soft rubber. The tube is passed into the inferior meatus, the anterior end resting in the vestibule; it can be worn comfortably, is not seen externally, and can be readily removed by the patient for cleansing and returned into the nostril. The small rubber tubes are used at the commencement of the treatment, and changed to larger ones until there is normal space, or the deformity has been corrected. They are useful in the following cases:—Intra-nasal hæmorrhage; internal and external fractures of the nose; deviations of the septum (after removal of exostosis) after removal of hypertrophic tissues or polypi; hypertrophies of the soft tissues without operation. Worn for a sufficient time they produce absorption. Two cases are related by the author, in which the method was used with advantage.

Norris Wolfenden.

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