No. 1. This case is the patient noted under creolin, No. 5, with tubercular infiltration of the epiglottis. After unsuccessful results from creolin, we employed menthol five times in the above described manner (10, afterwards 20, per cent.). Swallowing was made a little better (burning was complained of after dropping); infiltration of the epiglottis remained without change. The further treatment was suspended on account of a relapse in the general state, which at last caused the death of the patient, as we have already mentioned.

No. 2. This case is that of the patient noted under creolin, No. 1, with great infiltration of the false cords, and with superficial ulcerations, also with extensive affection of the posterior regions. After brushing with creolin without success, I employed menthol four times, which—except temporary amendment in swallowing—had no influence at all; for this reason we passed on to lactic acid, which we have applied up to now with increasing amendment, subjective and objective.

No. 3. This case is that of the patient noted under creolin, No. 3, with infiltration, especially of the epiglottis, upon which creolin had no influence. We dropped menthol three times (ten per cent.), and the burning in this case was considerable. While great subjective amendment resulted (the patient could swallow better and better), yet the infiltration of the epiglottis remained without change. This patient died in a short time from general marasmus and progression of the pulmonary process. The results of the autopsy have already been mentioned.

No. 4. F., aged fifty-three, musician. Several years ago, syphilis. Laryngoscopic appearance: membrane under the vocal cords. Incision; dilation (method of Schrötter). The anti-syphilitic treatment was without success. Some time after, very slight changes at both summits of the lungs appeared. In the sputa tubercle bacilli were found. Dysphagia, infiltration of the false cords and posterior region, and an ulcer in the neighbourhood of the left processus vocalis. We dropped menthol (10—20 per cent.) three times on the ulcer, which began to clear a little, but swallowing remained without change. Unluckily, the patient did not agree to further treatment, and left the hospital.

(To be concluded.)

INSTRUMENTS, THERAPEUTICS, &c.

VOLTOLINI.—On my Method of Illumination. *Monatssch. für Ohrenheilk., No.* 2, 1889.

A POLEMICAL article. Michael.

GÄRTNER.—A Pocket Lamp for Physicians. *Wiener Med. Presse, No.* 10, 1889.

THE author's lamp is both simple and ingenious. The light is derived from a simple candle, and the holder of the candle serves as a handle for

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the lamp. In front of the candle is a cylinder of crown glass, 10 centimètres long, and the light is reflected with great clearness. The cylinder can be immediately applied to the spot to be illuminated, and a very strong light can thus be produced without heat. The cylinder can be put into the mouth, or applied to the eyes. It can be placed on the neck or nose, and good illumination can be obtained. **Michael.**

ROTH (Vienna).—**The Application of Electric-Light to Laryngoscopy and Rhinoscopy.** *Weiner Med. Presse, Nos.* 10 *and* 11, 1889. (A description of Instruments for Electric Illumination.)

THE author uses an instrument similar to Brunton's otoscope, and another for illumination of the retro-nasal space. **Michael.**

DIONISIO (Turin).—**On Posterior Rhinoscopy, with Palate Hook and Tongue Depressor.** *Monatssch. für Ohrenheilk., No.* 2, 1889.

A DESCRIPTION of a new instrument, combining palate hook and tongue depressor. **Michael.**

WÖLFLER (Graz).—**Intoxication by Cocaine.** *Wiener Med. Wochenschr., No.* 18, 1889.

THE author has observed that injections of cocaine in five per cent. solution are without any danger if they are made on the trunk or the extremities, but that injections of the same concentration applied to the face or head sometimes cause intoxication. **Michael**

SANDRAS.—Alterations in the Voice produced by Cocaine. *Soc. de Méd. Pratique, March* 28, 1889.

COCA and cocaine deaden or paralyse the tensor muscles of the vocal cords, and this is proved by drinking slowly a spoonful of cocoa wine, when it is found that the voice is altered in acuity, intensity, and timbre. (Can this experiment be said to be quite conclusive?) **Joal.**

MAXWELL, PATRICK W. (Dublin). — **A Method of Generating Neutral Fumes of Ammonium Chloride for Inhalation.** *British Medical Journal, October* 27, 1888.

A PAPER read in the Section of Otology, British Medical Association's Annual Meeting, 1888.

The author's method is directed to providing the acid and ammonia vapours in proper proportions, so that neither ingredient shall be in excess —a fault of many of the inhalers now in use. This is accomplished by the volatilization by heat of solid ammonium chloride in a specially designed apparatus, an engraving of which illustrates the paper.

Hunter Mackenzie.

CASH, J. THEODORE (Aberdeen).—**Introduction to a Discussion on Carbolic Acid and its Allies, including Antipyrin and Antifebrin.** *British Medical Journal, November* 3, 1888.

A PAPER read at the Annual Meeting of the British Medical Association, 1888.

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The author says, "We find antipyrin of least value in fevers occurring "as concomitants of suppuration. The record in scarlet fever and "diphtheria is against it, and none the less so that its tendency to cause "collapse is increased in these diseases. In the infectious diseases, as a "class, Bungeroth warns against its use . . . . Antifebrin has not the "same tendency to produce collapse . . . . Resorcin's record in "diphtheria is highly encouraging. Andeer, who treated 222 patients "successfully with it, says that in lighter cases the local treatment with "resorcin crystals, or by means of a concentrated resorcin vaseline "ointment is sufficient to check the disease, whilst in more severe cases "he recommends the simultaneous internal administration." (The dose of resorcin is one to five grains.) **Hunter Mackenzie.**

FERNET. — Treatment of Tubercular Ulcerations by Camphorated Naphthol. *Société Thérapeutique, February* 27, 1889.

THE author has successfully employed this medicament in tubercular ulcerations of the tongue. In the case of a man aged forty, who had not been ameliorated by energetic cauterisations with the thermo-cautery, the lingual ulcer was modified in eight days by a daily application of camphorated naphthol. In the case of a young girl, aged seventeen, affected with rebellious lingual ulceration not improved by lactic acid, the condition rapidly amended under naphthol. **Joal.**

DUBOUSQUET-LABORDERIE.—Treatment of Whooping Cough by Antipyrin. *Société Thérapeutique, February* 27, 1889.

THE author has employed this treatment for two years, and of a total of ninety-four cases treated in this manner, seventy-one have been materially benefited, particularly in twenty-one cases in which there had been as many as thirty to forty-five attacks in the twenty-four hours.

The dose varied from 30 centigrammes to 1 gramme for children up to three years of age, and from 2 to 4 grammes in older children and adults. The author has never observed any affection of the urinary passages consequent upon this treatment, which is well supported by the patients. **Joal.**

OLIVIER. — Treatment of Whooping Cough. *Bulletin de Thérap., March* 30, 1889.

IT is necessary to attack and destroy by antiseptic agents the specific microbe, which has its seat, and evolves upon the laryngeal mucous membrane. Unfortunately, the different medicaments used by the author to obtain this end have not given him any very good results, and he is obliged to be content with recommending palliatives and change of air. **Joal.**

HEYMANN – Phenacetin: a Remedy for Whooping Cough. *Munch. Med. Woch., No.* 12, 1889.

A RECOMMENDATION of the internal use of this drug, which the author has used with good results. **Michael.**

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SONNENBERGER (Worms).—**The Specific Treatment of Whooping-Cough with Antipyrine.** *Therapeut. Monatsschrifte, August*, 1888.

A RECOMMENDATION of antipyrine. The author administers three or four times the number of centigrammes as the child has years. **Michael.**

PERCEVAL, MONTAGU (Tasmania).—**Antipyrin in Laryngismus Stridulus.** *Lancet, November* 17, 1888.

A SHORT note of several cases successfully treated by this remedy.
Hunter Mackenzie.

ADAMS, MATTHEW A. (Maidstone).—**Duration of the Infectiveness of Scarlet Fever.** *British Medical Journal, October* 20, 1888.

MR. ADAMS contends that the usual period of six weeks is not a safe limit of infectiveness. "He has several times had reason to know that a convalescent returning home on the forty-third day after the appearance of "the rash, has communicated the disease to others, the chief risk being "run in the act of kissing." **Hunter Mackenzie.**

PASTEUR (London).—**Pulmonary Gangrene Treated by Incision and Drainage.** *British Medical Journal, October* 20, 1888.

A PAPER read before the Clinical Society of London, October 12, 1888. In the case of a boy aged seven years, the œsophagus was found firmly adherent to the right bronchus, and a narrow sinus led from a small opening in the œsophagus to one of the main divisions of this bronchus. It seemed uncertain whether this sinus was owing to a congenital diverticulum, was the remains of a glandular abscess, or was due to the passage of some pointed foreign body from the œsophagus. The pulmonary gangrene was believed to be due to the passage from the œsophagus into the lung of some irritative material (probably decomposing food stuffs) along this sinus.

In the discussion which followed, Dr. Barlow believed that a foreign body had caused the lesions. **Hunter Mackenzie.**

GAREL.—Medical Electricity. *Paris*, 1889.

AN excellent manual to which specialists will turn with profit. In the first chapter the author deals with electric lighting by fixed and portable apparatus. Garel states that the bichromate of potash pile with porous vase is the best for producing illumination for medical purposes. He deals also with thermic galvano-cautery, and describes various batteries, accumulators, dynamo-electric, and magneto-electric machines in use, and insists on practical facts and points of detail observed by him in his busy medical practice. **Joal.**

THOMPSON, E. SYMES (London).—**The Voyage to the Cape and Climate of South Africa.** *British Medical Journal, November* 17, 1888.

A PAPER read before the Medical Society of London, November 12, 1888. Natal was spoken of as being specially suited for cases of laryngeal

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and bronchial irritation, though somewhat too hot and relaxing in ordinary cases of early phthisis.

At its conclusion, Mr. Lennox Browne showed a large number of water-colour sketches of the scenery on the voyage, which excited great admiration. **Hunter Mackenzie.**

CHARAZAC.—Sulphur Waters in Tuberculosis. *Rev. Mens. de Laryngol. April*, 1889.

THE author very strongly opposes the administration of sulphur waters in the treatment of laryngeal phthisis, and quotes a number of facts in support of his contentions. Last year (Congrès de Toulouse) the author strongly discountenanced this method of medication, and is more convinced to-day than ever of the positive harm wrought by the use of the Pyrennæan sulphur waters, notwithstanding their laudation by Dr. Guinier. **Joal.**

TAYLOR, L. A. (Handsworth).—**Liquor Sodii Ethylatis in the Treatment of Lupus.** *British Medical Journal, October* 6, 1888.

THE medicament was applied to the lupus patches, which were situated on and about the nose, once daily for three days, without an anæsthetic. During the time the solution is being applied, no water should be allowed to touch the face. **Hunter Mackenzie.**

HANSEN, KLAUS (Bergen, Norway). — **Lupus Treated with Ice.** *Medicinsk Revue, May*, 1889.

A SHORT report of a case of lupus of the chin, in which the excessive sensibility and the rapid progress of the disease was successfully treated with ice, applied twice daily, two hours each time. **Holger Mygind.**

DIPHTHERIA.

ROSS, MAXWELL.—A Larynx and Trachea from a case of Diphtheria. *Medico-Chirurgical Society of Edinburgh, Wednesday, June* 5, 1889.

THIS specimen was shown at the above meeting. The patient was a girl, aged eighteen months, of a very strumous habit. As the stenosis rapidly increased it was resolved to perform intubation of the larynx. This was done by means of O'Dwyer's instruments, and the ease with which the operation was performed, and the instant relief given, contrasted favourably with the difficulties surrounding the operation of tracheotomy in children of that age. She wore the tube for sixteen hours, when a violent cough occurred, and it was expelled from the mouth. It was replaced within half-an-hour, but the relief was not so great as on the first occasion, and death occurred in about an hour. At the post-mortem examination the membrane was found to have extended

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