The writer's views may be shortly summarized as follows :—

(1) We are still in want of some remedy, or remedies, to effect the cure of laryngeal phthisis.

(2) Notwithstanding this want, the local (palliative) treatment of the disease is incumbent upon every physician.

(3) Many of the cases quoted by various writers are of an extremely hypothetical nature, inasmuch as they have not been a sufficient time under observation.

(4) Cocain, iodoform, iodol, and sublimate are perhaps the best of all local remedies. Lactic acid, even by submucous injection, does not appear to have led to favourable results.[1] J. M. (Naples).

INSTRUMENTS AND THERAPEUTICS.

MANDEVILLE, F. A. (Rochester, N.Y.).—**A New Reversible Amygdalotome.** *New York Med. Journal, March* 5, 1887.

THIS is an improvement of Mackenzie's well-known instrument, the handle being attached to the knife so as to allow of its revolving round it, a spring-bolt fixing it at the desired spot, which is controlled by the thumb of the operator drawing a slide placed in the shank of the handle. The instrument can thus be very quickly reversed.

KRAUSE (Berlin).—**Instruments.** *Monats. für Ohrenheilk.*, No. 3, 1887.

1. A palate hook which can be fixed on the upper lip.
2. Curved trocar for opening the antrum of Highmore.
   A trocar, *à double courant*, for the same purpose.
3. A nasal saw.

MICHAEL.

[1] Tracheotomy and intubation of the larynx are valuable resources in laryngeal phthisis. The writer has not mentioned them in the above communication, as they are universally accepted under appropriate circumstances. Forced alimentation is another important therapeutic adjuvant. Rectal injections of sulphur with carbonic acid gas have been proposed by Bergeon, of Lyons, in phthisis, and special reference has been made to its applicability in the laryngeal variety of the disease (*vide Progrès Medical*, No. 3, 1887, p. 51). As in this communication no laryngoscopic observations are recorded, and as the method is still on trial, the writer contents himself with merely making reference to this certainly ingenious and original method of treatment. Inhalations of *bacterium termo*, as proposed by Prof. Cautani, appear to have no influence whatever either in pulmonary or laryngeal phthisis.

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NYROP (Copenhagen).—**Electric Light for Medical Purposes** *Monats. für arztl. Polytechnik*, No. 2, 1887.

A DESCRIPTION of accumulators, electrical laryngoscope, etc.

MICHAEL.

SANZ, F.—Abortive Treatment of Catarrhal Amygdalitis. *Revista de Medicina y Cirugia Prácticas, Enero* 22, 1887.

IN *El Genio Médico-Quirúgico*, Dr. Sanz advises from the first appearance of throat symptoms a lozenge of guaiacum, and he avers that the disease will disappear within twenty-four hours. If the complaint has existed for some hours, or for one or two days, he adds to the lozenge two centigrammes of extract of rhatany: if fever is a prominent symptom he gives antipyrin, and in every case pays attention to the gastric symptoms.

RAMON DE LA SOTA Y LASTRA.

BAKER, W. J.—Treatment of Tonsillitis. *Brit. Med. Jour., April* 9, 1887.

A CLINICAL memorandum strongly recommending bicarbonate of soda.

CHIARI (Vienna).—**On the Use of Cocaine in the Treatment of Diseases of the Throat, Nose, and Larynx.** *Wien. Med. Woch.*, Nos. 7, 8, and 9, 1887.

A VERY complete review of a great number of publications referring to cocaine and its uses as an application to the mucous membrane of the upper respiratory passages. MICHAEL.

FEINBERG and BLUMENTHAL.—Further Communications on the Physiological Action of Cocaine. *Berlin Klin. Woch.*, No. 10, 1887.

1. Cocaine is a powerful anæsthetic.
2. The anæsthesia is limited to the site of application.
3. Applied to a freely exposed nerve, it produces local anæsthesia, which spreads to the periphery, the central end and motor function not being altered.
4. $\frac{1}{2}$–1 gramme produces in rabbits and dogs anæsthesia of the cornea, dilatation of the pupils, retraction of the eyelids, and exophthalmos.
5. Cocaine produces certain respiratory troubles.
6. It also produces affection of co-ordination in the extremities.

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7. 1–2 grammes in a rabbit, or 2–3 grammes in a dog, produces toxic and clonic spasms, with death.
8. The spasms are epileptiform, and accompanied with loss of sensation.
9. The intoxication in dogs begins with excitation of the sense organs, and depression follows.
10. The spasms are of cortical origin.
11. Cocaine is the best method of proving the dependence of epilepsy upon the central cortical substance.
12. Both in dogs and rabbits, cocaine produces anæsthesia of the nerve trunks.
13. Cocaine has a special relation to the sensory and terminal sensorial fibres of the cortex.
14. The disorders of co-ordination may be of central as well as of peripheral origin.
15. The spasms are produced through vaso-motor spasm and central anæmia.
16. The spasms are the direct cause of death.
17. Spasms can be averted by potass. bromid. and application of ice.
18. The application of warmth also ameliorates the cocaine symptoms by producing hyperæmia.
19. Amyl nitrite is the best means of treating cocaine poisoning.

MICHAEL (Hamburg).

KNICKERBOCKER, F. (Ypsilanti).—**The Treatment of Acute Coryza.** *American Lancet, February*, 1887.

THE writer suggests the administration of atropine.[1] "One-sixtieth of a grain, given in the stage of frequent sneezing and the beginning of the watery discharge, will soon remove all obstruction from the nares. The effect should be kept up from twenty-four to thirty-six hours." The following snuff is "soothing to the irritated membrane, excludes the air from direct contact with it, and also powerfully constricts the arterioles":—

℞ Morphine sulph. gr. $\frac{1}{4}$–$\frac{1}{2}$.
Cocaine hydrochlor. gr. iij.
Bismuthi subnit. gr. v.
Pulv. acacia gr. v.

M. et trit. *Sig.* Use as a snuff, or with insufflator.

[1] A pill of half a milligramme (0·0077 grain) of sulphate of atropin was strongly recommended in the *Lyon Médicale*, June 25, 1882, to cut short an attack of acute coryza. It was then said to be remarkably efficacious in arresting the sneezing and nasal flux, one dose being in most cases quite sufficient.

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ARIZA, RAFAEL.—The Therapeutic Value of Tracheotomy. *El Siglo Médico, February* 6, 1887.

In a lecture given in the Instituto de Terapéutica Operatoria, Ariza advised that in cases of acute laryngitis tracheotomy should be deferred until the patient is in imminent danger of death, since in many cases the alarming symptoms will subside in the course of the evolution of the disease; while in chronic laryngitis we should operate before asphyxia appears if it should seem certain to occur, because a narrowed glottis does not allow endo-laryngeal medication without considerable danger to the patient, and it is important to ensure a sufficient amount of air before pulmonary complications arise. The author is assured of the beneficial effects of tracheotomy in the cure of grave laryngeal diseases, and after showing the differential diagnosis between laryngeal syphilis, tubercle, and cancer of the larynx, he proceeds to prove his case by the exhibition of several patients who had been cured of their laryngitis by the operation. Ramon de la Sota y Lastra.

OLTUSZEWSKI.—Lactic Acid in Laryngeal Phthisis. *Medycyna*, No. 4, 1887.

Very detailed observations on nine cases of tubercular ulceration of the larynx, in which phthisis has always been stated by the condition of the lungs and the detection of tubercle bacilli. By employing locally frictions of lactic acid, in strength of 10 per cent. up to 100 per cent., the author has obtained in six cases complete cicatrization, and in one case incomplete cicatrization. In one case there was amelioration of deglutition, and in another no benefit. The author finds that lactic acid acts best upon the superficial ulcers located upon the vocal cords and epiglottis. In cases of ulceration and infiltration of the adjacent parts it acts best after previously curetting the implicated parts. If granulations remain after cicatrization it is necessary to cauterize them with chromic acid. Cicatrization of the ulcers does not preclude the probability of their recurrence after a longer or shorter lapse of time. It does not arrest the march of the disease in the lungs. It is only by relieving the dysphagia that it facilitates nutrition and thus prolongs life. The number of applications, or rather frictions, with lactic acid necessary to obtain cicatrization are from 12 to 20, and it is necessary to make these applications with some force. Const. Karwowski.

LAZARUS (Berlin).—**Asthma Therapeutics.** *Berlin Klin. Woch.*, No. 7, 1887.

A good review of the various methods of treating asthma.

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The following results are arrived at:—

1. The prophylaxis of bronchial asthma requires a report of the hereditary and constitutional conditions present, and especially of the condition of the mucous membrane of the nose and throat.
2. The asthmatic attack must be suppressed as soon as possible. The best medicament for this purpose is iodide of potash and chloral. In special cases operative treatment of the nose and naso-pharynx is recommended.
5. The treatment of the secondary affections is the more important in that they may become causes of recurrence of the asthma. For these conditions the best treatment is the pneumatic chamber. In chronic catarrhal conditions of the bronchi the best treatment is turpentine and iodide of potash. MICHAEL.

KRAUSS (Winnenthal).—**The Therapeutics of Respiratory Diseases.** *Monats. für Ohrenheilk.*, No. 8, 1887.

A RECOMMENDATION of diaphoresis in catarrhal affections.

MICHAEL.

STOERK (Vienna).—**Intubation of the Larynx.** *Wien. Med Presse*, No. 12, 1887.

IN consequence of the favourable communications of O'Dwyer, the author has endeavoured in many cases, without special indications for intubation, to introduce the tubes into the larynx. He found that he could accomplish the desired object in every case. Sometimes he applies cocaine first.

He has also invented a new instrument for the introduction of the tubes, an illustration of which is given. MICHAEL.

KEPPLER (Vienna).—**On the Treatment of Whooping-Cough.** *Wien. Med. Blatter*, No. 5, 1887.

INHALATION of tar has yielded good results in some cases. It also acts as a prophylactic. MICHAEL.

SONNENBERGER (Worms).—**On the Pathogenesis and Therapeutics of Whooping-Cough, and a New Method of Treatment of the same.** *Deuts. Med. Woch.*, No. 14, 1887.

A REVIEW of the literature of the subject, and a recommendation of the internal application of antipyrin, by which drug the author has cured seventy cases in three to five weeks. MICHAEL.

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MARCUSE (Berlinchen).—**On Whooping-Cough.** *Inaugural Dissertation, Berlin,* 1887.

THE examination of the larynx in whooping-cough has yielded the author negative results. The insufflation of benzoin into the nose, as recommended by Michael, has been employed by him in some cases without result. MICHAEL.

DIPHTHERIA.

GARRE.—How to Prevent Infection by Aspiration of Diphtheritic Membranes from the Trachea. *Correspond. Bl. für Schweitzer Aerzte,* 1886.

THE author recommends that the mouth of the catheter be closed with a plug of cotton wool, or that the catheter be jointed by a piece of drainage tube to a glass tube, and a plug of cotton wool be introduced. This has the same effect as the cotton wool used in bacteriological filters. MICHAEL.

JAMONT.—Treatment of Diphtheria. *France Méd., March* 12, 1887.

A BIBLIOGRAPHICAL review and *résumé* of recent works on the subject. Nothing new. JOAL.

WERNER (Markgronnigen).—**A Rare Symptom in Diphtheria of the Fauces.** *Wurtemburg Correspondenzblatt,* No. 7, 1887.

IN a case of diphtheria in a child of eight months of age the author saw, twelve to eighteen hours before death, black spots on the under lip diffusely spreading and seated on the skin. These spots reappeared if brushed away. A short time after the mother, who had been sitting on the bed and cleansing the child's nose and mouth, saw the same black points appear on the back of her own hands, but could not remove by brushing. Antiseptic washes would not remove them either. Some weeks later they were scraped away with a knife. The points in question were very similar to the black spots produced by burning with gunpowder. No other cases were observed during this epidemic.

It is a pity that a microscopical examination was not made. It is impossible to say whether or not there was a microbe present.

MICHAEL.

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