RAOULT, A. (Paris).—**The Dangers of Antipyrine.** *Progrès Médical, May* 26, 1888.

ANTIPYRINE has been known to cause gastric pains, fright, contortions, eruptions of urticaria accompanied with itching. The patient has lost consciousness. A lady (related by M. Bell) who took 2 gr. 50 of antipyrine in one dose, for rheumatism, experienced tumefaction of the face, which became red, the pupils swollen and almost entirely closed. The rash invaded the limbs, at first as reddish *taches*, then becoming confluent. Slight itching was complained of. Next day there was conjunctivitis, the pulse, normally thirty-five, mounted to seventy; temperature was lowered, and the patient experienced a sensation of cold. The eruption disappeared after administering a small dose of tincture of belladonna.

Similar cases have been observed after administration of doses of twenty-five centigrammes to one gramme (Allen Sturge, Whitehouse, Barbes). An urticaria like mussel-poisoning resulted. Hardy has related a similar case; and Meyer also (in the latter case three grammes had been taken). Germain-Sée thinks these accidents are rare, and have not the gravity attributed to them. He has seen urticaria only in one case out of fifty. It is more frequent in the female. Daremberg has seen this rash in tubercular patients taking antipyrine. After a certain length of time patients exhibit an intolerance of antipyrine; at the least dose a rash supervenes, and the drug has to be discontinued. It can then be replaced with advantage by acetanilide. In the case of a typhoid patient, Peter saw antipyrine give rise to epistaxis, and the patient died of cachectic purpura, and adynamia.

In another case uræmic eclampsia occurred. Probably these accidents would have occurred without antipyrine. Probably all these, and other accidents, are to be attributed to impurity in the preparation of the drug and to its containing benzine.

R. Norris Wolfenden.

LONEY, D. W. (Olena).—**Naphthol in Stomatitis.** *Med. Record, June* 16, 1888.

"THIS is indicated in any case of stomatitis or sore throat where a reliable antiseptic and disinfectant is indicated, and has the advantage of being not unpleasant in taste and non-poisonous in its effects." It may be used for the mouth and throat as a wash or gargle, and in weak spray for nose, or as a douche.

R. Norris Wolfenden.

DIPHTHERIA.

PAQUET, HON. DR.—Diphtheria, a Clinical Lecture at the Hôtel-Dieu. *La Gazette Médicale de Montréal,* 1887.

THE lecturer, in addition to the ordinary hygienic and local treatment, recommends benzoate of soda in 2 grain doses every two hours.

George W. Major.

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D . . . . .—Notes on Diphtheria. *La Gazette Médicale de Montréal*, 1887.

THE author deals with the subject in general terms. In addition to supporting tonic and antiseptic treatment he recommends cauterization with perchloride of iron (60 grs. to ℥j), nitrate of silver (60 grs. to ℥j), and chloride of zinc (30 grs. to ℥j). He also suggests emetics to detach (*détacher effectivement les concretions et prévenir leur renouvellement*), and prevent the return of exudation. The latter remark has reference to pharyngeal diphtheria, and is certainly of a questionable character.

George W. Major.

JENNY (St. Gallen).—**On Conditions Consecutive to Tracheotomy for Diphtheria and Croup in Children.** *Dtsch. Zeitschr. für Chir.* Bd. 27, Heft 5.

REPORT on 214 cases of tracheotomy performed in the Hospital of Münsterlingen, 95 cases were cured, 44 per cent.; 119 died, 56 per cent. Inferior tracheotomy was executed in 95 cases, with 45 cures. The prognosis was better if no membranes were coughed out, and if the temperature of the disease was less than 39° Celsius. In 5 cases the canula could not be removed before the twentieth day after the operation because of granulations in the trachea. One of these cases died from suffocation. The greater number of the children operated upon had cough, hoarseness, and slight dyspnœa for some months afterwards. Secondary diphtheritic paralysis was noticed in 27 cases. Recurrence of diphtheria and secondary tracheotomy in three cases. **Michael.**

OERTEL (Munich).—**The Patho-Genesis of Epidemic Diphtheria in its Histological Relations.** With 16 Tables. *Leipzig*, 1888.

VERY important work by the well-known professor on the histological processes in diphtheria, the anatomy and pathological physiology of the pseudo-membranes in primary and secondary diphtheria. It is not possible to give in a report a correct summary of the contents. The study of the original work is recommended. **Michael.**

RIEMER (Leipzig).—**On Diphtheria.** *Festschrift für E. L. Wagner, von seinen Schülern. Leipzig*, 1888.

THE author believes that diphtheria is a contagious disease, but that only individuals pre-disposed to it are attacked. For treatment he uses turpentine. **Michael.**

BOYD, J. M. (Knoxville).—**Some Clinical Observations on Diphtheria and Veratrum Viride as the Basis of Treatment.** *Med. Rec., June* 9, 1888.

THE early and decided use of veratrum as the basis of treatment offers promise of better results in diphtheria than any other plan. To slow the pulse should be the *sine qua non.*

The severity of the attack may be better measured by the pulse rate and tenseness than by any other symptom. To reduce the circulation is

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to reduce the intensity of the inflammation. Asthenia is not to be feared in veratrum, but rather exhaustion from continued rapid heart action. The best treatment is rest, by slowing the heart.

The throat should be locally treated by mopping the membrane with liq. ferri. sub. sulph., 1 drachm; glycerine and water, 4 drachms each; and the following mixture should be administered—a tablespoonful of saturated solution of potass chlorate, with three drops of Norwood's tincture of veratrum, every two hours; the veratrum to be increased one drop if necessary each time, until the pulse is brought down to 60-70 per minute. After each dose sublimed sulphur (8 grains) should be swallowed dry, or blown into the throat, and the outside of the throat should be rubbed with kerosene or other irritant. Simple nutritious animal food should be given.

R. Norris Wolfenden.

RAYMOND, J. H.—History of Diphtheria; its First Appearance in Brooklyn in 1854. *Brooklyn Med. Journal, May*, 1888.

HOMER (1,000 B.C) and Hippocrates (460 B.C) knew the disease, and it was known as Malum Ægyptiacum. Aretæus, who described it in 100 A.D., believed it to originate in Syria and Egypt. In past times it has been known by the terms ulcus Syriacum, ulcus Ægyptiacum, garotillo, morbus suffocans, angina maligna, &c. It was epidemic in imperial Rome A.D. 380. From the time of Œtius (fifth century) to 1557, when it appeared in Holland, nothing is known of it. In 1563 it was epidemic in Naples and Sicily, and in Constantinople in 1564, and in Paris in 1576. Spain was heavily visited from 1582 to 1613; Germany in 1565, and Portugal in 1626 was also visited. In 1659 it appeared at Roxburgh (Mass.) and was prevalent in various parts of New England. In 1735 an epidemic began, which spread from Kingston (N.H.) through all the British colonies. An epidemic occurred in Paris in 1745, in England in 1744, and in Switzerland (the first) in 1752, in Holland in 1747, and Sweden in 1755. In 1769 it existed at Jamaica. In 1818 a severe epidemic appeared at Tours, in France, which was carefully studied by Bretonneau, who called it diphtheritis (from the Greek diphtheria, skin). Trousseau changed the name to diphthérie, which was anglicised by the Registrar-General of England into diphtheria. In 1826 an epidemic occurred in Edinburgh, in 1853 it prevailed in Paris, in 1855 in Boulogne, and from here it was imported into England in 1856, assuming alarming proportions in 1858, 1859, 1860, 1861, and 1862. The first case occurred in New York in 1852, and in Brooklyn in 1854. It is now among the most prominent causes of mortality in the latter city.[1]

R. Norris Wolfenden.

MASON, L. D.—The Local Use of Permanganate of Potash in Nasal and Pharyngeal Diphtheria. *Brooklyn Medical Journal, May*, 1888.

PLACING the patient in an atmosphere charged with steam will prevent secondary and tracheal and pulmonary complications, and will facilitate

[1] In 1887 there occurred 383 cases of diphtheria in Brooklyn, with 168 deaths. In 1888 there were 803 cases, with 324 deaths. The estimated population in 1888 was 774,870.

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throwing off the exudations. Pure fresh air is essential. Sprays of permanganate of potash (3ij. to ℥iij. of distilled water; 3j. in ℥p.—℥ij. of water) have been most serviceable in the author's hands. Mouth washes and gargles may also be used. It is a germicide and deodorizer. The spray should be continued until all trace of exudation is removed.

R. Norris Wolfenden.

MOUTH, TONSILS, PHARYNX, &c.

KÜSTER (Berlin).—**On Neoplasms of the Upper Jaw, and the Result of their Operative Treatment.** *Berlin Klin. Wochenschr.*, 1888, *Nos.* 14, 15.

OF thirty-eight cases operated on, eleven are definitely cured. Of sarcomas and fibromas, four by partial, five by total extirpation. Eight patients died from the operation. Of these, five cases were carcinomata, two sarcomata, one naso-pharyngeal polypus. One patient suffering from polypus, and one from carcinoma, are living with recurrence. All the others died from recurrence. The author gave a detailed description of the steps of the operation, and hoped that the results would be better if the neoplasms were operated upon at a very early stage. To prevent the loss of the eye, which frequently follows the operation, the author advises that the orbital plate should be spared if possible, and the eye be closed by sewing the eyelids.

Michael.

POTTER, F. H. (Niagara).—**Notes on the Treatment of Acute Tonsillitis in Children.** *Buffalo Med. and Surg. Journal, May*, 1888.

FIRST keep down temperature; this is to be done with antifebrin. Bicarbonate of soda should be applied to the tonsils in powder, or solution (ten grains to the ounce, sprayed by an atomiser), or by touching the tonsils with it. This local treatment should be used at intervals of an hour during the day.

[The use of bicarbonate of soda in tonsillitis was first rationally indicated by a Spanish physician. Being so simple a remedy I was induced to try its efficacy at my clinic at the Throat Hospital, and I met with such good results, that I have abandoned all other methods of local treatment. For a long time past I had been accustomed to order patients suffering from tonsillitis to rub the pure powder of bicarbonate of soda very frequently over the tonsils. I have found that this plan produces immediate relief to the patient. Slight cases of tonsillitis subside at once, within twenty-four hours; more severe cases, in which there is much tension, swelling, and pain, are greatly benefited, the inflammation, tension, and pain subsiding rapidly, without proceeding to suppuration. If the inflammation has

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