occurring in a young patient, "the history of the case, the rapid growth, the glandular swelling, the elastic semi-fluctuating sensation obtained on manipulation, and the smart hæmorrhage following incision," lead to the diagnosis of malignancy (Croly).

Bearing in mind these points, the diagnosis is not usually difficult, but in doubtful cases should be verified by microscopical examination.

A good many of these cases appear to commence with the phenomena of ordinary tonsillitis.

An excellent account of the different methods adopted by various operators for excising the tonsil from outside, is given by Dr. Fowler, in the *Brooklyn Medical Journal*, for September, 1888.

Some operators favour simple slitting of the cheek, as a means of gaining access to the tonsil, others prefer pharyngectomy with or without section of the inferior maxilla. The latter is generally performed, and it has frequently been found necessary to resect a portion of the angle of the jaw.

Recurrence has always taken place, except in one case, and this is not always of the region when the first extirpation was performed, as in Fowler's case, when the disease reappeared in both parotid glands and in the stomach.

Operations for complete eradication of the neoplasm are therefore only palliative, and it seems doubtful if anything is gained more than could be obtained by extirpation of the neoplasm, *per vias naturales* by the galvano-cautery snare. As Dr. Hayes Agnew remarked at the meeting of the American Surgical Association, in May, 1889, there is only one case of sarcoma of the tonsil on record, in which recurrence has not taken place, and in this case, the thermo-cautery was employed.

THERAPEUTICS, DIPHTHERIA, &c.

SUCHANNEK.—The Therapeutical Applications of Sozoiodol. *Corresp. Bl. für Schweizer Aerzte, May*, 1889.

THE author has tried local applications of mercuric sozoiodol and sodium sozoiodol with good results. **Michael.**

GOUGUENHEIM.—Treatment of Inflammations of the Throat by the Internal Administration of Salol. *Revue Générale de Clinique et Thérapeutique, August* 22, 1889.

DR. CAPART, of Brussels, having described to the author the almost miraculous action of salol in doses of four grammes, as a remedy for phlegmonous tonsillitis, Gouguenheim has given the drug in twenty-two cases with remarkable results. He concludes that salol acts efficaciously against acute anginas of whatever origin. It calms pain and dysphagia with the greatest rapidity, and lowers the temperature. **Joal.**

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FRITSCHE (Leipzig).—**Whooping Cough, with singular grave Cerebral Symptoms.** *Jahrsb. für Kinderheilk.*, *Band* 29, *Heft* 3 *and* 4.

WHOOPING cough in a patient two years old was complicated with unilateral spasms, paresis of the right facial nerve, aphasia, hemi-anæsthesia, and disturbance of vision and hearing. The author believes that this complication of symptoms was caused by meningeal or cerebral hæmorrhage. The patient was cured. **Michael.**

SCHNIRER (Wien).—**The Treatment of Whooping Cough.** *Archiv. für Kinderheilk*, *Bd.* 10, *Heft* 6.

THE author criticizes the paper of Genser recommending the antipyrine treatment, from which he has never seen good results. He has applied oxymel scillæ, as recommended by Netter, in twelve cases with good results. **Michael.**

MUGDAN.—Contribution to the Therapeutics of Whooping Cough. *Archiv. für Kinderheilk.*, 1889, *Bd.* 10, *Heft* 6.

IN the polyclinic of Dr. Baginsky the author has examined the efficaciousness of the newly recommended medicaments for whooping cough :—

(1) Resorcin was applied internally in eight cases. Only one case was cured, and in the other cases it had no effect ; and this treatment cannot, therefore, be recommended. (Dr. Barlow, the originator of this method, had cured his cases, as can be seen from his tables, in eight to twelve weeks, and as that is a time in which whooping cough usually terminates without any treatment, it cannot be said that the report of the originator of the treatment is any recommendation of this medicament. —*Rep.*)

(2) Brushing with cocaine, first recommended by Prior, was applied in eleven cases, with good results. The method cannot however be recommended, since some very alarming intoxications have been observed from even small doses.

(3) Insufflations of pulvis resinæ benzoas were used in some cases as by Michael, and applied with good results by Bachem, Hagenbach, Stoerk, Lublinsky, etc. Only Genser has recorded bad results. Forty-four children were treated in this manner, but only twenty-five cases gave observations of any value. The results were very satisfactory. In some cases cure resulted in three to six days. Of the total twenty-five cases, a good result was observed in seventeen in a relatively short time (3 weeks). The author recommends the treatment as the best yet suggested, and one which should always be tried before any other.

(4) The application of quinine, which, without doubt, is very efficacious, is not to be recommended, because of its bad effects on the stomach and ear. In its place antipyrin is recommended by Sonnenberger, Genser, etc. No good result, however, was observed from its use. It had been applied for a long time before Genser's recommendation of it.

Michael.

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MEIGS, ARTHUR V. (Philadelphia).—**The Treatment of Spasmodic Croup by Opium.** *Medical News, March* 23, 1889.

THE author means all forms of the disease characterised by the absence of false membrane, supposed to be spasmodic, inflammatory, or catarrhal. In all severe cases an emetic must be administered, and to insure prompt result nothing is better than a teaspoonful of powdered alum mixed with a teaspoonful of syrup of ipecac. If emesis does not occur in within ten or fifteen minutes, repeat the dose. Ipecac. alone, and sulphate of zinc are not so good, and antimony is dangerous. If emesis is not required, the spasm can be best combated by administration of a dose of laudanum and ipecac., sufficient of the former to produce moderate but decided soporific effect, and of the latter to relax spasm, but not nauseate. For an adult this would be twenty drops of laudanum, and fifteen of the syrup of ipecac. A second dose may be given somewhat later, and reduced in amount.

A minimal dose of opium should always be given to a child. For a child two years old, the first dose should not be more than two drops of laudanum, with ten of ipecac. syrup, repeated in an hour. For an infant of two to six months, the first dose should be half a drop of opium, with five or six of ipecac. This treatment tides over the immediate attack, but the child should be kept in bed the following day, and given every two hours minute doses of paregoric and ipecac., to which nitre may be added if there is fever. The amount of opiate should be insufficient to cause sleepiness, and of ipecac. to avoid nausea (for children from two to five years of age, five to ten drops of paregoric, and five drops ipecac. syrup). The second night laudanum and ipecac. should again be administered, the second day be kept in bed, and laudanum and ipecac. again given the third night. After this the cough will loosen, and there will no longer be any return of spasm, except in cases of unusual severity. The dose of opium administered should always be relatively such as is likely to produce the effect of twenty drops of laudanum in the adult.

After the spasm has passed off the treatment must be that of coryza or bronchitis. Unusual susceptibility to the use of opium in children is not common, and the drug has gained a bad name among physicians only because the initial dose given has been too large. Meigs and Pepper, Goodhardt and Eustace Smith are quoted by the author in support of his contention for the value of opium in children's diseases when properly used.

R. Norris Wolfenden.

NELSON, SAMUEL N.—The Etiology of Diphtheria. *The Boston Medical and Surgical Journal, March* 14 *and* 21, 1889.

AFTER reviewing the literature of the germ origin of diphtheria the author relates some experiments he made by cultivating micrococci from fresh diphtheritic membrane taken from a child's throat, injecting these micrococci into animals, which became diphtheritic, and, lastly, by accident, taking the disease himself, after killing and investigating the animals that had been inoculated.

A discussion of this subject by the Massachusetts Medical Society followed this paper.

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Dr. ROTCH summarised his remarks as to the treatment of the disease thus :—

1. Carefully determine which portion of the throat is the seat of the local sepsis.

2. Apply to that portion a disinfectant which is not irritating locally or dangerous generally.

3. Apply the disinfectant frequently.

4. Give stimulants in large amounts.

5. Treat generally as for any exhausting contagious disease.

Dr. GAY spoke on intubation in cases where air operation is necessary, and considered that it is much superior to tracheotomy.

Dr. F. B. HARRINGTON said that more lives might be saved if tracheotomy was done earlier, and because intubation is so much less as a surgical procedure it will be done early, and thus will save lives that would be lost if we waited before tracheotomizing. **Barclay J. Baron.**

RACHFORD (Newport, Kentucky).—**Etiology of Diphtheria.** *Medical News, February 2,* 1889.

A GENERAL discussion of the subject, the author's conclusions being as follows :—

1. Diphtheria is a purely local disease, caused by an aerobic parasite.

2. The constitutional symptoms are due to the absorption of poisonous materials, viz., ptomaines from the local lesion, and the changes occurring in the blood and tissues, including the late nerve lesions are caused by the indirect or direct action of ptomaines.

3. The disease has no latent stages, and second and third attacks are due to re-infection.

4. One attack as a rule gives at least temporary immunity ; after the limited period of immunity has expired, the previous attack may act as a predisposing cause to other attacks if it has left the mucous membrane of the throat in an irritated and inflamed condition, and this is more likely to occur in scrofulous subjects.

5. Complications may occur from the entrance into the body of septic germs. Upon these data the author proposes the following rules of treatment.

(1) Dissolve away the membrane if possible, and irrigate thoroughly and frequently with an antiseptic solution locally, so as to wash away the poisonous alkaloids and retard the growths of the germs. (2) In diphtheria of wounds, and in other parts when it is practicable, thorough irrigation should be followed by a dressing which would exclude the external atmosphere. (3) Mild catharsis, free diuresis and diaphoresis, with remedies which do not depress the heart, should be employed to relieve the system of the poisonous alkaloids, and cardiac depression should be counteracted by abundant stimulation. Iron should be freely administered to counteract the deteriorating influence of the poison upon the blood. (4) The air of the sick room should be rendered aseptic. (5) Chronic glandular enlargement, or local disease, in or about the throat, left as the sequel of diphtheria, should be duly treated and cured before dismissal of the patient. If this cannot be done, the patient should

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be warned against future exposure to the diphtheritic poison. (6) The patient should not be entirely dismissed from observation for two months after the attack, during which time tonics and judicious treatment should be administered to restore the blood and tissues, and resist degenerative changes. (7) A serious exacerbation in any form of ulceration or catarrh of the stomach or intestines should lead to the suspicion of diphtheria of these regions, and appropriate treatment should be given. R. Norris Wolfenden.

EDITOR OF NEW YORK MEDICAL JOURNAL.—The Transmission of Diphtheria from Animals to Man. *New York Medical Journal, February* 2, 1889.

THIS is a reference to an article in the *Revue Générale de Clinique et de Thérapeutique* for January 2, 1889, by Dr. Cazenave de la Roche, in which the author discovered the source of two cases of diphtheria in a pigeon and hen-house, the fœcal deposits from which were washed into a cistern for drinking water, in the near vicinity. He also believes than an epidemic that broke out in Venice, some years ago, was due to the contamination of cisterns by pigeons, which are very numerous in that city. The remedy for this is to limit pigeon breeding, and construct the dove-cotes some distance from cisterns, where spring water is not available. Barclay J. Baron.

CHANTEMESSE and VIDAL.—Experimental Researches on the Treatment of Diphtheria. *Bull. Med., July* 20, 1889.

THE authors have made experiments to find the best antiseptic for the poison of diphtheria, and recommend the following mixture: Twenty-five grammes of glycerine are added to five grammes of pure phenic acid, and twenty grammes of camphor; the mixture is agitated, and put for ten minutes into a vapour bath. It is then allowed to cool. On resting the liquid separates into two layers, the upper of which is a whitish, viscous layer of gycerole of phenol and camphor. This glycerole is recommended by the authors as an effective local remedy for the throat. Joal.

JACOBI (New York).—**The Treatment of Diphtheria** (translated by Dr. Michael). *Archiv. für Kinderheilkunde Bd.* 10, *Heft* 6.

SEE the report of the original in this Journal. Michael.

CALDWELL, W. C.—The Treatment of Diphtheria with a Spray of Hydronaphthol, Papain, and Hydrochloric Acid. *New York Medical Journal, Feb.* 23, 1889.

This is a *resumé* of an article that appeared in the "Archives of Pediatrics," February, 1889, in which the author recommends spraying the throat every half hour until the temperature is reduced, and then every hour, unless asleep, with the following mixture:—

℞ Papain ..... ʒ ij.
Hydronaphthol .....Gr. iij.
Acid: Hydrochloric, dil... ♏ xv.
Aq: dist. ad. ..... ʒ iv.

And has good results of the treatment in several cases. Barclay J. Baron.

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JACKSON, HENRY.—Notes on Twenty-seven Cases of Diphtheria, occurring between July 1, 1888, and January 1, 1889. *The Boston Medical and Surgical Journal, March* 14, 1889.

THE chief point in this clinical record is as to the diagnosis between diphtheria and follicular tonsillitis, the author believing that in diphtheria (1) the temperature is much lower, often normal; (2) the constitutional symptoms are usually much less severe at first; (3) the glands about the neck are more swollen and tender.

Barclay J Baron.

McCOLLOM, J. H.—Observations on Diphtheria in Boston during the Year 1888. *The Boston Medical and Surgical Journal, March* 21, 1889.

THE author's object in this paper is to show that diphtheria spreads by contagion, and is to a large extent independent of climatic conditions—*e.g.*, October, November, and December are months in which the number of cases constantly increases. In January there is a slight falling off in numbers, and again an increase in March, April, May, and June. The school terms and vacations are said to explain the rise and fall in the number of cases rather than variation of temperature, &c.

Barclay J. Baron.

BOKAI. — Case of Pharyngeal Diphtheria, with Complications. *Gesellschaft der Aerzte in Budapesth, Meeting April* 6, 1889.

THE case was complicated by convulsions and hemiplegia, and followed by croupous pneumonia. The patient, eight years old, was cured after the disease had lasted one hundred days.

Michael.

HAILES, W. (Albany).—**A Case of Intubation.** (*Med. Soc. of the State of New York, Meeting February*, 1889.) *New York Med. Journal, February* 16, 1889.

A CASE of membranous diphtheria, in which casts of the trachea were coughed up through the tube three times, nearly strangling the child at the time. Recovery finally took place.

R. Norris Wolfenden.

BROWN, DILLON.—Intubation of the Larynx in Diphtheritic Croup: Analysis of Two Hundred Cases operated upon. *New York Medical Journal, March* 9, 1889.

THE cases are thus classifiable:—

Males, 87; females, 113.
Average age of all the cases, three years five months.
Of those that died, three years two months.
Of those that recovered, four years five months.

In fatal cases average length of life after intubation was two days twenty-three hours. In cases of recovery, average time of tube in larynx was five days ten hours. Out of two hundred cases operated on, fifty-four, or twenty-seven per cent., recovered.

The tables published with the paper appear to show—

1. The more rapid the stenosis the more fatal the result.

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2. Those cases in which membrane is absent from the pharynx or posterior nares are rather more fatal than those cases in which membrane is present.

3. From July, 1885, to November, 1886, there were forty-five operations and 17·7 per cent. recovered. From November, 1886, to November, 1887, there were seventy-four operations, with 24·3 per cent. recoveries. From November, 1887, to November, 1888, there were eighty-one operations with 34·5 per cent. recoveries. The marked improvement, as the different batches of operations were performed, was due, Dr. Dillon Brown considers, to increased experience in the management of the cases, and not especially to the type of diphtheria differing in different winters.

Barclay J. Baron.

MOUTH, PHARYNX, ŒSOPHAGUS, &c.

WYETH, J. A. (New York).—**Complete Extirpation of both Parotid Glands for Sarcoma: no recurrence after two years.** *New York Surgical Society, December* 26, 1888; *New York Med. Journal, February* 23, 1889.

THE external carotid artery was ligated on each side. The disease recurred on one side after six months, rendering a second operation necessary; since that there has been no recurrence. On the right side the external carotid artery was tied just at the point of bifurcation.

R. Norris Wolfenden.

MÏLONAS, SPÏRÏDON N. (St. Petersburg).—**Double Parotitis of a Reflex Origin.** *Meditzinskïa Pribavleniïa K' Morskomïi Sbozniki, April,* 1889, *p.* 352.

AT a meeting of the St. Petersburg Naval Medical Society, Dr. Milonas communicated the following curious case. An exceedingly nervous and emaciated recruit, aged twenty-two, fell ill with a severe attack of right-sided croupous pneumonia. On the third day there supervened incontinence of urine, alternating with retention, while on the ninth there developed a prostatic abscess, determining a complete prolonged retention, and necessitating catheterisation. The latter proved to be extremely difficult, since, on one hand, any attempt at introducing the instrument into the urethra gave rise to general clonic convulsions, while, on the other, the end of the catheter deviated from the urethra into the prostatic abscess. Several hours after those repeated and prolonged manipulations there suddenly appeared rigor and pain about the right temporal region, which were swiftly followed by intense swelling of the corresponding parotid, rapidly passing into suppuration. The patient's micturition being at the time restored, no catheter was used for the next six days. On the seventh, however, another prolonged attack of retention of urine took place, and catheterisation was again

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