DIPHTHERIA, THERAPEUTICS, &c.

Killian (Freiburg).—*New Cocaine Insufflator for the Nose, Pharynx and Larynx.* "Therap. Monats.," 1893, No. 2.

A MODIFICATION of the ordinary instrument. *Michael.*

Neumann (Buda-Pesth).—*Antipyrin as a Local Anæsthetic in the Pharynx and Larynx.* "Pesther Med. Chir. Presse," 1893, No. 3.

THE author has applied this drug by insufflation in a powder of fifty per cent. with fifty per cent. amylum in cases of ulcerative phthisis of the larynx and pharynx with excellent analgesic results. *Michael.*

Rice, C. C.—*The Value of Sprays in the Treatment of Catarrhal Affections of the Upper Air Passages.* "New York Med. Journ.," Jan. 21, 1893.

TREATMENT by sprays has always maintained a prominent position. The various petroleum products—liquid vaseline, alboline, benzoniol, glymol, lanolin, &c.—have crowded out of use many of the old astringent drugs, and beneficially. The most erroneous use ever made of sprays has been the spraying of vegetable and mineral astringents into the anterior nares for the cure of hypertrophic rhinitis. Solutions of one-half of the strength usually indicated in text-books would cause acute coryza, purulent disease of the accessory cavities, and otitis media. In simple and hypertrophic nasal catarrh no drugs with astringent action should be sprayed. Oily sprays are indicated in these conditions, with cocaine, iodoform, aristol, oil of pine, menthol, thymol, resorcin, &c. They stimulate, according to the temperature and force of injection. Their prolonged use tends to increased dryness. They are specially indicated in cases where obstruction is not great and congestion is considerable, and may replace operation.

Watery astringent solutions, though harmful in the anterior nares when not far advanced in disease, are of service in atrophic rhinitis. Peroxide of hydrogen (ten to twenty per cent.), mercuric bichloride (1 to 4000), boric acid, potassium permanganate, and carbolic acid often not only disinfect but stop purulent discharges; but they should always be employed with the uptip spray tube directed towards the back of the pharynx and post-nasal spray, and the patient should be taught how to use them. A mild alkaline, stimulating, disinfecting solution, used in this manner three times a day, is the best treatment yet devised. Mild astringents, two or three grains to the ounce, of silver, copper, zinc, tannic acid, or iron may be used in this manner with benefit.

Sprays are beneficial or harmful according to the manner in which they are used. The exact strength and pressure should be carefully regulated to the part. Very mild solutions of cocaine—less than one per cent.—are as useful astringents as can be employed, and, as a sedative, cocaine solutions have entirely supplanted opium, morphine, bromides, and aconite.

The group of stimulating disinfectants, such as listerine, thymol,

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menthol, eucalyptol, oil of wintergreen, &c., cleanse and comfort dry, congested surfaces.

Sprays should not be used cold, and a pressure of fifteen pounds is sufficient for the anterior nares, twenty-five pounds for the posterior nares, and twenty-five to thirty pounds for the lower pharynx and larynx. The treatment of catarrhal affections of the upper air passages by atomized fluids will not lapse into disuse to-day, nor render surgical treatment unnecessary, but combinations of cocaine, menthol, &c., in oily vehicles will diminish the number of nasal operations.

In the discussion following the reading of this paper at the American Laryngological Association—

Dr. SWAIN thought that the post-nasal spray, though of the greatest use, was difficult of application by the patient. Even children can project the solution through the naso-pharynx, and even nares, by gargling.

Dr. BOSWORTH supposed that we had now done with sprays, and did not believe they accomplished any practical good. He does not believe that astringents are of any use, or that we meet with any disease in the nasal passages calling for their use. There is no such disease as catarrh, and hyper-secretion is seldom met with. In the vast majority of cases deficient secretion exists. He excepts naso-pharyngitis, but really knows little about it. We do not know the sources of naso-pharyngeal secretion, and only carry out cleansing. The best method of doing that is not the spray. Directed behind the palate, it will not reach the parts, and most patients will not tolerate it. He unhesitatingly places the post-nasal douche in the hands of his patients, and teaches them how to use it. Astringents are not often indicated, and oily solutions are only adjuvants, and not curative. Cocaine is not an astringent, and, though formerly enthusiastic about it, he has abandoned its use.

Dr. WRIGHT agreed that the dirtiest place in the naso-pharyngeal tract is the vault, and cleansing should be directed to that part. But the patient cannot do it with the naso-pharyngeal spray. He almost entirely uses the post-nasal syringe. Oily solutions are greatly over-valued. He never succeeded, upon himself or his patients, in getting any fluid into the nose through Dr. Swain's method of gargling without much choking and discomfort.

Dr. ASCH thought we could neither depend entirely upon sprays nor abolish them. They are not curative, but are immensely valuable as palliative and cleansing means. Nothing is so valuable in the naso-pharynx as the spray. Astringents are very valuable in catarrhal cases. He agreed with Dr. Bosworth that the douche was valuable, but dangerous.

Dr. MACKENZIE thought that Dr. Bosworth's "rivulet of common sense meanders through a pretty big meadow of incautious observation." He would be sorry to see such views as he entertains go unchallenged by that Association. He cautioned against the use of too much oily solution. They tend to beget a condition of dryness by prolonged use. He thought that the injudicious use of cocaine was greatly to be deprecated, did not estimate Dr. Swain's method of gargling very highly, and rarely recommended the post-nasal syringe, as he knew of cases where acute otitis media had followed its use.

Dr. SWAIN defended his method.

Dr. DELAVAN championed Dr. Rice, and still found a use for the spray, and still had faith in the treatment of certain morbid conditions of the nose and throat by therapeutic means. He thought that the limitations of the vaseline products were sometimes forgotten. They stood at one end of the list, and lanolin at the other. The former, not being readily absorbed, acted mechanically. As to the

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temperature, it is lowered by the process of atomization. He was certain that most members of the Association would still use the spray.

Dr. WRIGHT had seen no bad results from the post-nasal syringe, but the patient should be cautioned not to blow the nose while compressing the alæ, for in this manner fluid might be driven up the Eustachian tube.

Dr. BOSWORTH did not wish to be misunderstood. The spray is the best way to cleanse the nose, but it does not reduce hyperæmia, relieve hypertrophy, or cure catarrh, whatever that may be. He repeated that there was no such disease as catarrh, and most so-called catarrhal conditions in the nose are attended by deficient secretion. The nose secretes in twenty-four hours sixteen to eighteen ounces of serum and mucus. Take away half the water by a hypertrophic rhinitis, and the thicker part will remain, give rise to trouble, and cause an *apparent* excess of secretion.

Dr. ASCH inquired if there was hyper-secretion or deficient secretion in the condition where the patient wetted five or six handkerchiefs in a day?

Dr. BOSWORTH replied that if hay fever were meant, there might be hyper-secretion, but this consists largely of serous exosmosis from the venous sinuses, and not of mucous secretion. He did not believe that the Schneiderian membrane is often met with in a condition in which there is hyper-secretion.

Dr. MACKENZIE enquired whether there were not glands in the Schneiderian membrane? to which Dr. BOSWORTH replied comparatively few, if muciparous glands were referred to.

Dr. RICE contended that it will be an unfortunate day when all sprays are laid aside as useless, and thought that Dr. Bosworth's objections had been fully answered. *R. Norris Wolfenden.*

Brück (Buda-Pesth).—*Intubation in Severe Laryngo-Spasm.* "Pester Med. Chir. Presse," 1892, No. 30.

A CHILD, eleven months old, had severe attacks of laryngo-spasm, which produced asphyxia three times in one day. The author introduced an O'Dwyer tube, which remained in the larynx sixteen and a half hours. From this time only some slight attacks followed. The author recommends the method for severe cases. *Michael.*

Taub (Buda-Pesth).—*Intubation in Whooping Cough.* "Pester Med. Chir. Presse," 1893, No. 11.

THE author recommends this treatment in cases of whooping cough, and has applied it in some cases with good results. [The reporter believes that it is useless.] *Michael.*

Rosenberg.—*On Intubation.* Verein für Innere Medicin in Berlin. Meeting, Feb. 28, 1893.

THE author reports upon the results obtained with this method in the policlinic of the University. (1) A case of diphtheritic stenosis was cured in five days. (2) In a case of glottic spasm the tube was introduced to diminish the force of the constrictors of the glottis. One time an attack of suffocation made tracheotomy necessary, but for removal of the canula intubation was applied, although, up to now, without effect. (3) A case of chronic stenosis, cured by intubation in five days. In this case sudden suffocation had made tracheotomy necessary. Around the tracheotomy

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wound arose granulations, which produced a stenosis, and which have been removed by the tube. (4) In a case of hypertrophic laryngeal phthisis, producing stenosis of the glottis, respiration became free after treatment with intubation. (5) In a case of diffuse papilloma of the larynx the dyspnœa was removed by intubation; afterwards the neoplasms were operated upon. (6) In a case of perichondritis tuberculosa, which was tracheotomized, intubation has been employed to remove the tracheal canula. (7) Membrane between the vocal cords was operated upon by the galvano-cautery, and intubation afterwards employed to prevent new formation of the membrane.

EWALD, SCHWALBE, and HERZFELD made some remarks upon the *technique* of the method. *Michael.*

Engelmann, Rosa.—*Some interesting points in connection with a Case of Diphtheria and Scarlatina.* "Arch. of Pediatrics," April, 1893.

THE points were—

1. Unusual priority of the diphtheritic to the scarlatinal infection (four days), the mother being affected in the interval.

2. The likeness, if not the identity, of the streptococcus causing scarlatinal pharyngitis and that causing erysipelas, as indicated by the source of the father's infection. (Seven days after the appearance of the scarlatinal rash on the child, the father who had nursed him developed erysipelas of the face.)

3. The child developed pneumonia, probably a "Schluck" pneumonia, due to the use of hydrogen peroxide, as a pharyngeal and nasal spray, to counteract the ptyalism produced by pushing mercurial treatment.

4. The otitis media which occurred was probably diphtheritic in character, since it has been, and still is, very resistant to care and treatment. *R. Norris Wolfenden.*

Fraenkel, C. (Marburg).—*On the Diphtheria Bacillus.* "Berliner Klin. Woch.," 1893.

IN cases of true diphtheria virulent and slight Loeffler's bacilli are found. The latter also are found in cases which are not diphtheria and also in healthy mouths. Both forms are identical, but in cases of true diphtheria the bacilli are found in great masses. *Michael.*

Escherich (Graz).—*Local Treatment of Pharyngeal Diphtheria.* "Wiener Klin. Woch.," 1893, Nos. 7, 8, 9, 10, 11.

AN extensive article recommending local treatment with sublimate. *Michael.*

Neumann (Berlin).—*Treatment of Diphtheria.* Berlin: Fischer. 11 pp.

REPRINT of the author's paper published in the "Archiv für Kinderheilkunde" (*vide* the report in this Journal). *Michael.*

Spengler (Heidelberg).—*Experiences of the Effects of Alumol and Diaptherin.* "Munchener Med. Woch.," 1893, No. 13.

THE application of the new drugs has been followed by good results in pharyngitis and ozæna. *Michael.*

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Cassel (Berlin).—*Treatment of Whooping Cough by Bromoform.* "Deutsche Med. Woch.," 1892, No. 5.

THE author has treated a great many cases with the drug, and is satisfied with the results. *Michael.*

Nolden (Cologne).—*Two Cases of Bromoform Intoxication, with Remarks on the Treatment of Whooping Cough.* "Therap. Monats.," 1893, No. 5.

(1) A PATIENT, two and a half years old, having taken four grms. of bromoform, became severely syncopic, with anæsthesia, absence of reflexes, pulse of 150, and tracheal rhonchi. Cure was obtained by warm cataplasms and ether injection. During the syncope the patient had three severe attacks of whooping cough. (2) A girl, three years old, having taken six grms. of bromoform, became asphyctic, with severe cyanosis, cessation of pulse and respiration. Cure was obtained by artificial respiration. The drug is very dangerous, and must be applied with great caution. *Michael.*

MOUTH, TONGUE, ŒSOPHAGUS.

Bulkley, L. D.—*Two Cases of Chancre of the Lip in little Children.* "Arch. of Pediatrics," April, 1893.

IN one case the infection was probably got from another child who had a sore mouth. The little patient was only three years and ten months old. In the other case, that of a girl of four and a half years of age, the source of infection was undoubtedly the mother, either by kissing or some mediate object. *R. Norris Wolfenden.*

Cadell (Edinburgh).—*Accidental Revaccination on the Upper Lip simulating Chancre.* "Brit. Med. Journ.," Mar. 18, 1893.

IN a mother, who became accidentally vaccinated on the skin of the upper lip to the right of the middle line, the lip was much swollen, and the sore, the size of a threepenny piece, was devoid of the appearance of a vaccine vesicle. The surrounding skin was red and painful. Three glands under the lower jaw were enlarged and painful.

The author says that it was not syphilitic because (1) the sore was painful, (2) there was more inflammatory œdema than in chancre, (3) the glands though knotty were painful, and (4) the scab was thicker than in lues.

[It might have been added that the course was shorter in duration than in chancre of the upper lip, which is notoriously protracted in its course, requiring more energetic treatment than syphilides in any other situation in the body.

The following note of a case of chancre of the upper lip shows the features distinctly. It occurred in a young girl who had been nursing a sister's child who was suffering from snuffles and syphilitic cachexia at the time. The chancre occupied the upper lip towards the left of the middle line (an important point). It had the superficies of a shilling

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