To wash away the membrane, mucus, &c., use a number eight soft rubber catheter attached to a syringe, pass this through each nostril, and allow a solution of peroxide of hydrogen, one in twelve, to flow through the catheter. Make another solution, one in twenty-four, and pass the catheter well down into the larynx and irrigate thoroughly. The author praises this method of treatment very highly, the membrane melting down and being removed rapidly, and without any danger of choking or poisoning should the solution be swallowed.

Internally glycozone, composed of pure glycerine saturated with active ozone, in dose of fifteen drops in water every two hours for a child two years old, is said to be very valuable.

The author recommends his false epiglottis tube to help to overcome the difficulty of feeding with fluids. Protection of the examining medical man's eyes by means of eye-glasses in any suspicious case is insisted on; and he recommends cleansing all tubes and instruments that have been used in a contagious case by scrubbing and boiling them before and directly after for ten minutes in a closed pot of water at 212° Fahrenheit, and then putting them for ten minutes longer in a one to forty solution of carbolic acid. His results are as follows:—Under three years of age, one hundred and seven cases, twenty-four recoveries, or 22·43 per cent.; over three years of age, ninety-nine cases, forty-three recoveries, or 43·44 per cent.

The diseases which rendered the operation necessary are not stated.

Barclay J. Baron.

MICHAEL (Hamburg).—**Contribution to the Therapeutics of Hypnotism.** *Deutsch. Medicinal Zeit, August* 8, 1889

THE author has applied hypnotism and suggestion in eight cases, four of which are without special interest. In two cases of nervous aphonia the voice returned at the first sitting, and no relapse followed. In a third case, in a pregnant woman, the voice did not re-appear. It is possible that there was an inhibitory auto-suggestion, because a physician had said to the patient that the voice would not return during gravidity. In a case of reflex nasal asthma the condition was instantaneously improved by the method.

Michael.

DIPHTHERIA.

EDITOR OF BRITISH MEDICAL JOURNAL (London). — **The Pasteur Institute: Researches on the Bacterium of Diphtheria, and its Soluble Poison.** *British Medical Journal, February* 9, 1889.

THIS leading article deals with the researches of Drs. Roux and Yersin (published in the *Annales de l'Institut Pasteur*, Nos. 11 and 12, 1888). These investigators believe that they have discovered the microbe of diphtheria, and amongst the most interesting of their conclusions is that

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this organism acts by secreting a soluble poison, the injection of which into animals produces the different forms of diphtheritic poisoning. This poison is believed to be of the nature of a ferment. The authors believe that it is possible by inoculation to produce immunity in animals, but the investigations on this point are still in progress. The most efficacious agent in prophylaxis is careful cleansing of the mouth and pharynx with carbolic acid.

Hunter Mackenzie.

HEUBNER.—The Diphtheritic Membrane. *Jahr. für Kinderheilk., Bd.* 30, *Heft* 1, 2.

THE author has made microscopical examinations of the diphtheritic membrane in all stages of its evolution. During the first day the membrane consists of the uppermost parts of the epithelium and diphtheria therefore, must be regarded as an ensudative exanthem, which becomes more and more thick during the succeeding days. The croupous membrane increases during the following days. The very carefully recorded results of the microscopical examinations must be read in the original. The author concludes that energetic treatment of the local disease is not indicated.

Michael.

SIEBENMANN (Basel).—**Contribution to the Question of the Effect of Micro-Organisms in Otitis Media Diphtheritica.** *Zeitschr. für Ohrenheilk., Bd.* 20, *Heft* 1.

IN a specimen from a patient dead from scarlatinal diphtheria of the pharynx and the ears the author found diphtheritic membranes in the naso-pharynx and mastoid process, but no micro-organisms in the latter.

Michael.

PRINCE.—Two Cases of Pseudo-Locomotor Ataxy following Diphtheria. *Boston Medical and Surgical Journal, June* 13, 1889.

THE first case was caused by a wound of the finger, whilst performing an autopsy on a diphtheritic patient. The hand and arm swelled, and later on the palate became paretic, and fluid regurgitated through the nose. Two weeks after this his hands and legs became weak, knee jerks were lost, and he showed other symptoms of ataxia. There was no history of syphilis. He got quite well.

The second case was that of a child, four and a half years old, who exhibited paralysis of soft palate, absence of knee jerks, and great ataxia of the legs occurring several weeks after recovery from an ordinary attack of diphtheria. Being an out-patient, he was lost sight of, and the termination of the case is not known.

Barclay J. Baron.

HILL, WILLIAM (London).—**Diphtheria with Patches in the Perineal Region.** *British Medical Journal, February* 23, 1889. *Harveian Society of London, February* 14, 1889.

THE author remarked on the rarity of true diphtheritic lesions in the perineum, and notes of two cases were submitted by him. In one case, that of the father of a boy who had died of pharyngo-laryngeal diphtheria,

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the disease developed on an old eczematous patch over the coccyx, and was followed by typical post-diphtheritic paralysis. The throat was not affected. The second case was the daughter of the first, aged eight years, whose vulva was found swollen and œdematous, with several small sores and ulcers on the labia. Diphtheritic membrane formed on the tonsils, and ultimately spread to the lungs. Shortly before death (eighth day), fæces escaped by the vagina, indicating that the disease had caused perforation of the recto-vaginal wall. In this respect the case was probably unique.

In the discussion which followed mention was made of cases where primary diphtheritic membrane formed over the site of a burn; where the gums were first affected; where diphtheria had been communicated by inoculation; and where the intestine had been the sole part affected

Hunter Mackenzie.

RIEHL (Wien).—**Exanthema in Diphtheria.** (47 *Jahresbericht d. St. Joseph's Kinderhospital in Wien.*)

IN malignant cases of diphtheria there sometimes occurs an exanthem, consisting of vesicles and ulcerations. The disease is similar to pemphigus and herpes zoster. The vesicles are often filled with blood or are transformed into ulcers. The disease has a bad prognosis. **Michael.**

BOKAI (Budapest).—**Diphtheria with Complications.**

A CASE of pharyngeal diphtheria was complicated with diphtheria of the larynx, which rendered tracheotomy necessary. Total paralysis of the whole right side followed, similar to that produced by embolism of the fossa Sylvii, and three attacks of pneumonia occurred. After an illness lasting one hundred days, the child finally left the hospital much improved.

Michael.

CASSEL (Berlin).—**Two Cases of Uræmia following Diphtheria.** *Archiv. für Kinderheilk., Bd.* 11, *Heft* 1.

(1) A PATIENT, five years old, suffered from diphtheria followed by albuminuria. Some days later ascites and anasarca occurred, followed by convulsions, hemiplegia, and death. The post mortem examination showed nephritis parenchymatosa to be present. (2) A patient, three years old, was attacked with diphtheria of the pharynx and diphtheritic ulceration of the vulva. Ten days later convulsions, coma, and vomiting set in; death occurred two days later. The post mortem examination showed nephritis parenchymatosa and fatty degeneration of the heart.

Michael.

LANGSTEIN (Teplitz).—**Diphtheria and its Treatment.** *Präger Med. Wochenschr.*, 1889, *Nos.* 32, 33, *and* 34.

A GOOD review of the methods of treating diphtheria most in vogue.

Michael.

RENNERT (Frankfort-on-Maine).—**The Treatment of Diphtheria by Solutions of Corrosive Sublimate.** *Berl. Klin. Wochenschr.*, 1889, *No.* 34.

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THE author recommends local application of the solution. He has treated sixty-two cases, which have all been cured. **Michael.**

EDITORS OF LANCET (London).—**Alcohol in Diphtheria.** *Lancet, December* 29, 1888.

AN annotation referring to a recent discussion of this subject by the King's County Medical Association. Early and free administration is recommended. **Hunter Mackenzie.**

STRONG. — Large Doses of Calomel in Pneumonia and Croup. *The Medical Record, March* 16, 1889.

THE author has treated cases of croupous pneumonia with calomel in doses of twenty grains every three hours, and even began with sixty grains, followed by thirty grains every three hours, until three hundred and sixty grains had been taken, with good results, and with very little catharsis, and no ptyalism. Also he tried the same plan in three cases of croup, giving eighty grains to an infant in ten grain doses, to a boy of six twenty grain doses ; all the cases recovered. **Barclay J. Baron.**

SONNENBURGER (Worms). — **Treatment of Whooping Cough with Antipyrine.** *Deutsch. Med. Zeitsch.*, 1889, *No.* 68.

RECOMMENDATION of the internal use of this drug. **Michael.**

NAEGELI.—A Method of Suppressing the Attack of Whooping Cough. *Correspondenzbl. für Schweizer Aerzte, July* 15, 1889.

THE author describes his own whooping cough. At the beginning of the attack there is a spasm of the laryngeal muscles, including the muscles of the face and jaw, which closes off all air and hinders its entrance into the lungs. If the mouth can be opened, and inspiration can be made, the attack is terminated. The attack can be interrupted by traction of the under jaw if the physician stands before the patient, or by protrusion of the jaw if he stands behind him. By regularly interrupting the attacks in this manner, the whole disorder is ameliorated. **Michael.**

NOSE, NASO-PHARYNX, &c.

ALLEN, HARRISON.—The Anatomy of the Nasal Chambers. *The New York Medical Journal, February* 2, 1889.

THIS essay is divided into four sections, and amongst a good deal of anatomical description that is not new, we note the following points :—

1. The shape of the anterior part of the middle turbinal. The inferior free border may be abruptly bent, and be free from surrounding parts, or be pressed against them. The anterior part is distinguished clinically

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