GRANCHER.—Action of the Vapours of Hydro-Fluoric Acid on the Tubercle Bacillus. *Soc. de Biologie*, June 2, 1888.

GRANCHER has made a series of experiments, which prove that the action of hydro-fluoric acid on the evolution of experimental tuberculosis is completely null. He does not think that one can legitimately hope to attack and destroy the tubercle bacillus by these vapours. Nevertheless, as they are well supported by patients, and they diminish the vitality of the bacillus, they may be employed for pulmonary phthisis.

Joal.

DIPHTHERIA.

BARNES, E. G.—An Address on the Etiology of Diphtheria. *Brit. Med. Journ.*, July 28, 1888.

THE observations contain results of investigations into 50 separate outbreaks of diphtheria, extending over 13 years, embracing 223 cases and 40 fatalities.

The author thinks that diphtheria may arise from certain combinations of filth and insanitary conditions, independently of pre-existing cases of diphtheria.

The favourite habitats of diphtheria are shown by the author, by carefully-drawn maps, to be different from those of scarlet fever. The former is most prevalent in thinly-populated districts in the south-eastern and eastern counties of England, in Cornwall, Somerset, and North Wales, avoiding the populous manufacturing and mining centres, and the northern counties of England. Scarlet fever, on the contrary, affects the more populous neighbourhoods. The author thinks that this localization of diphtheria in rural districts is due to dampness of soil, caused by want of suitable drainage, along with filth in the form of decomposing animal matter. Certain parishes, and even certain houses, are liable to recurrent attacks of diphtheria, and this is possibly due to a recurrence of the conditions under which the disease is generated. The nature of the soil may or may not have some causal connection with outbreaks. One great agent in the spread of the disease is school attendance. Diphtheria shows an annual exacerbation during the winter months. In outbreaks of diphtheria it is common to find that sore throats have prevailed for some time previously, which have not presented the characters of diphtheria.

Norris Wolfenden.

BARBIER H.—Albuminuria in Diphtheria. *Gaz. des Hôp.*, May 12, 1888.

AN excellent bibliographic review of the subject.

Joal.

BROUARDEL and DU MESNIL.—Epidemics of Diphtheria. *Bull. Médicale*, June 6, 1888.

STATISTICS of mortality resulting from diphtheria in France during 1886. Reports incomplete, only being furnished by 210 towns

Joal.

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FERÉOL.—Insidious Diphtheria of an Unusual Kind. *Soc. Méd. des Hôp.*, May 19.

THE case of a woman, aged fifty, who died in four days from diphtheria. The disease, which on the first day was situated in the throat, spread rapidly to the respiratory organs, and was localized successively in the larynx, trachea, and bronchi. The lungs escaped, since tubular breathing was not observed. It is probable that the large quantity of sugar found in the urine influenced to a considerable extent the fatal termination of the disease. **Joal.**

ORY.—Treatment of Diphtheritic Angina by Local and Frequent Applications of a Concentrated Solution of Salicylic Acid. *Soc. Méd. Pratique*, June 11, 1888.

THE author uses the following solution :—

Infusion of Eucalyptus, 100 grms.
Glycerine, 100 grms.
Salicylic Acid, 0.30 grms.
Cherry laurel water, 1 grm.

The pharynx is touched with this, every hour during the day, and every two or three hours during the night, with a large pencil. Ory has employed this method for seven years, and has never been obliged to perform tracheotomy. **Joal.**

NOSE AND NASO-PHARYNX.

GRAHN (Wurzburg).—**Dacryocystoblennorrhœa and Diseases of the Nose.** *Munchener Med. Wochens.*, No. 27, 1888.

THE author has seen a combination of these two conditions in thirty-four cases, and believes that the former condition is produced by propagation and infection. **Michael.**

ROBERTSON, W. (Newcastle).—**A Plea for the Use of the Rhinoscope.** *Lancet*, August 18, 1888.

ONE case in which extensive ulceration was diagnosed with the mirror, round the right nares posteriorly, and the naso-pharynx was blocked with crusts. Patient had had a chancre four years previously, and was deaf. He was cured by chromic acid (locally), mercury, and iodide of potash.

The second case was that of a woman with a polypus protruding from the posterior extremity of the right nares, and a second one more anteriorly. Severe pain in the nape of the neck, periodical attacks of somnolence in the daytime, palpitation, depression, and irritability of temper had lasted ten or eleven years. With removal of the polypi all symptoms disappeared. **R. Norris Wolfenden.**

VON KLEIN, CARL H. (Dayton, Ohio).—**New and Illustrative Points in Examination of the Nose and Throat.** *Phila. Record:* McMullin & Co., 1888, pp. 7.

DR. VON KLEIN finds it "necessary to have different-shaped tongue-

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