beneficial effect, but within proper limits may be regarded as a valuable adjunct in the constitutional treatment of catarrhal affections.

Various Methods of Disguising the Odour of Iodoform.

1. Add to iodoform either—

a, Some drops of essence of bitter almonds ;
b, A little tannin ;
c, A little balsam of Peru.

2. Make an emulsion of iodoform, with equal parts of oil of sweet almonds.

Iodoform, 30 grammes.
Charcoal powder, 60 grammes.
Sulphate of quinine, 10 grammes.
Essence of mint, 1 gramme.

La Pratique Médicale.

[Mixing with equal parts of freshly ground coffee is also effective.]

Anti-Strumous Resolvent Lotion (Descroizittes).

℞ Chloride of sodium, ℥10.
Sulphate of magnesia, ℥$\frac{3}{4}$.
Tincture of iodine, ℥$\frac{1}{4}$.
Distilled water, ℥37$\frac{1}{2}$.

Compressors soaked in this solution are applied to strumous enlargements. *L'Union Médicale* (*Canad. Pract.*, *February*, 1887).

DIPHTHERIA.

BARBOT.—Treatment of Diphtheria. *Gaz. des Hôpitaux, January* 20, 1887.

In this disease the author has effected forty-eight cures by the Renou method (antiseptic fumigations, roast meat diet, and no cauterizing of the throat). Joal (Mont Dore).

KLEIN (Liebenthal).—**Corrosive Sublimate as a Remedy for Diphtheria.** *Deutsche Medicinal Zeitg.*, 1887. *No.* 17.

The author has often used this medicament, but without the very good results claimed by Dr. Welcker. Michael.

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KORBSEN (Kappitz).—**Corrosive Sublimate as a Remedy for Diphtheria.** *Deutsche Medicinal Zeitg.*, 1887. *No.* 17.

THE author has often made use of sublimate, but with indifferent results, and recommends hydrarg. cyanate. MICHAEL.

MASSEI (Neapel).—**Corrosive Sublimate as a Remedy for Diphtheria.** *Deutsche Medicinal Zeitg.*, 1887. *No.* 17.

MASSEI claims priority for the introduction of this remedy, corrosive sublimate having been already used in 1875 by him for diphtheria with good results. MICHAEL.

ROTHE (Altenburg).—**Corrosive Sublimate as a Remedy for Diphtheria.** *Deutsche Medicinal Zeitg.*, 1887. *No.* 17.

THE author used this application some years ago, but now relies more upon hydrarg. cyanate. MICHAEL.

WELCKER (Sprendlingen).—**Corrosive Sublimate in Diphtheria.** *Deutsche Med. Zeit. No.* 6. 1887.

THE author has obtained good results from the use of this drug. MICHAEL.

WÖLTERING (Münster).—**Pilocarpin Subcutaneously, an Excellent Remedy for the Throat.** *Monats. f. Ohrenh. No.* 7. 1886.

A COMMUNICATION of three cases of diphtheria and croup treated with subcutaneous injections of pilocarpin. Two cases died. (Truly "ein vorzugliches Halsmittel"!) MICHAEL.

CHEYNE, W. WATSON.—**On Early Tracheotomy in Diphtheria.** *Brit. Med. Jour., March* 5, 1887.

THE arguments used in this valuable article are based on the, as yet, hypothetical pathology of the disease under discussion. But *naturam morborum ostendunt curationes;* and the author's treatment appears to have been eminently successful. Assuming, from Loeffler's researches, that the disease is due to a micro-organism, probably a bacillus, the latter is supposed to grow in the superficial part of the mucous membrane and produce the patch. The bacilli apparently produce ptomaines, which are absorbed into the circulation and give rise to the constitutional disturbance. Thus the disease remains from first to last a local one. Now if the bacilli can be prevented from spreading, the membrane will be arrested and the formation of ptomaines prevented. The author, therefore, treats the local throat affection with antiseptics, and with an amount of success that tends to support the views above expressed. He gives a minute account of the method pursued, and then points out how the same

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principles of treatment may be effected when the morbid process has extended to the larynx and windpipe. And for this purpose early tracheotomy is advocated—as soon, in fact, as it is certain that the larynx is affected—chiefly with the view of preventing the spread of the membrane downwards. In adults it is more especially important not to wait for symptoms of obstruction, seeing that these may be absent although the membrane have reached the bronchi. In order to carry these ideas into effect, the trachea must be opened more freely than usual, with the primary object of inspecting the interior of the trachea. If the trachea is healthy it will present a bright red appearance; if membrane be present it will have a dull grey colour. When no membrane has been formed, either a canula is inserted into the lower angle of the wound and the trachea filled up above with strips of thin rag soaked in a watery solution of bichloride of mercury (1 in 2,000), the process being repeated every two hours; or, the trachea is kept open with Golding Bird's dilator, and the surface brushed from time to time with a weak solution of the perchloride. There are contending advantages in each method. If the membrane has spread to the trachea, it is pulled off with dissecting forceps, the resulting raw surface, and especially the spreading edge, being touched with the 1 in 500 bichloride solution. The author concludes by pointing out that the object of the paper is not to recommend the application of any particular antiseptic substance in this disease, but to raise the question of the indications for performing tracheotomy in diphtheria. He believes that many more lives will be saved by opening the trachea early than by waiting till symptoms of obstruction have become manifest. The probable advantages more than counterbalance, he thinks, the possible dangers. GREVILLE MACDONALD.

POTAIN.—Scarlatina or Diphtheria? *Semaine Médicale, January* 19, 1887.

THE question arose at the Hôpital de la Charité in reference to a boy of fifteen, whose symptoms were sufficiently ambiguous to render it doubtful whether the disease was diphtheria with a scarlatiniform rash, or scarlatina with modified characteristics. After a detailed study of all the symptoms of the two affections, and comparing them with a view to differential diagnosis, the Professor concluded in favour of scarlatina, where the predominant sign was the angina.

JOAL.

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