KUH, E. J. (Chicago).—**The Etiology and Cure of Asthma.** *Journal of the Am. Med. Assoc., January* 29, 1887.

DESCRIBES his own case, in which decided relief has followed the electric cauterization of the nasal mucous membrane. Gives a *résumé* of Hack's opinions, and says that after reading them, could bring on an attack of asthma by rubbing his ala nasi against the septum. Dr. Kuh takes occasion to remark, during the course of his article, that "it is as impossible to contract an acute bronchitis through temperature influences alone, as it is to contract tuberculosis through a cold." He is also of the opinion that "respiratory diseases are *inhaled*, not caught," and that the superstition of catching cold "is so pernicious because it diverts attention from the entrance-way of disease-generators." J. N. MACKENZIE.

DIPHTHERIA.

SMITH, J. LEWIS (New York).—**The Local Treatment of Diphtheria.** *Med. News, April* 9, 1887.

AFTER a short retrospect of the views for and against the local nature of diphtheria, Smith inclines to the belief in its constitutional origin, but insists on the importance of careful local treatment. The following solutions are recommended for use in spray or with a brush :—

(1) ℞ Acid carbolic, gtt. x.
Liq. ferri subsulphate, ʒiij.
Glycerin, ʒij.
M.

Dilute with equal quantity of water for use in spray.

(2) ℞ Aquæ chlorinæ, ʒj.
Sodii bicarb., ʒss.
Mellis
Glycerin } āā ʒss.
Aq. calcis, ʒiv.
M.

(3) For nasal diphtheria :—
℞ Acid boric., ʒij.
Sodii borat., ʒij.
Sodii chlorid., ʒj.
Aq., Oj
M.

https://doi.org/10.1017/S1755145500159688 Published online by Cambridge University Press

And (4) ℞ Acid boric., ʒj.
Sodii borat., ʒij.
Sodii chlorid., ʒiij.
Aq., Oj.
M.

Smith has witnessed the employment of pilocarpine internally for its supposed local action in producing abundant mucous secretion and detachment of the membrane, with most disastrous consequences. The action of the heart became feeble, œdema of the lungs, with extreme dyspnœa, suddenly occurred, and the patient, who an hour before was in a comfortable state, perished from the pulmonary complication. The paper is well worth reading.

J. N. MACKENZIE.

OWEN, EDMUND.—Early Tracheotomy in Diphtheria. *Brit. Med. Jour., May* 21, 1887.

AT the Hospital for Sick Children, Great Ormond-street, in five years sixty-six tracheotomies have been performed, with twenty-five recoveries (*i.e.*, 38 per cent.). At St. Mary's Hospital during four years sixty-six cases have been operated on with twenty recoveries (30 per cent.). In the total cases, thus, were forty-five successful results = 34 per cent. In laryngeal diphtheria tracheotomy should not be regarded as a last resource, but as a most valuable therapeutic measure, if it only be performed early enough.

TONSILS, PHARYNX, &c.

BAKER, W. T.—The Treatment of Tonsillitis. *Brit. Med. Jour., April* 9, 1887.

A RECOMMENDATION of the local application of bicarbonate of soda. The tip of the finger is to be moistened, dipped into the powder, and rubbed gently over the tonsil, and repeated every five minutes for an hour, and then every hour for the rest of the day. Many patients entirely unable to swallow even liquids without acute suffering were in the course of an hour or two almost entirely free from pain. It is said by the author invariably to give relief even when suppuration seemed inevitable.

GREEN, W. E.—Remarks on the Treatment of Quinsy, especially in Infants. *Brit. Med. Jour., May* 28, 1887.

THE author is of opinion that "one ought to be able to abort about

https://doi.org/10.1017/S1755145500159688 Published online by Cambridge University Press