of advantage in children and nervous women, to commence the inhalation with a little Eau-de-Cologne or other scent. The covering of the cage should be domette or a coarse flannel: fine textured coverings are wasteful, and do not allow of a free admixture of air. Ordinary flannel too by repeated washing, tends to become gradually more close in texture. The anæsthesia may be maintained by means of the corner of a towel, or a Junker's inhaler containing chloroform, but I prefer myself to continue the use of the Skinner throughout, for reasons similar to those given above, when discussing the maintenance of ether narcosis, and also because I think that there is less danger of over anæsthetising the patient, which may very readily be done with such a substance as chloroform, the vapour of which is so much heavier than air.

Mixtures.—Little need be said concerning the administration of mixtures; it may be laid down as a general rule, that mixtures containing the *slightest trace* of chloroform, should be given in precisely the same way as that agent. Mixtures of ether and alcohol alone, may be administered as ether.

In maintaining chloroform narcosis, I not infrequently use mixtures of that drug, either with ether alone or with alcohol and ether on a Skinner's cage, or from a Junker, but I do so rather with a view to diluting the chloroform, than with the idea that any superiority attaches to such combinations.

DIPHTHERIA.

TCHERNÏAIEFF NIKOLAI Ï. (St. Petersburg).—On Morbid Changes in the Fauces and Larynx in Scarlatina and Diphtheria. (*Transactions of the Third General Meeting of Russian Medical Practitioners at St. Petersburg*, 1889, *No.* 6, *p.* 175.)

Having examined microscopically the fauces and larynx from ten cases of scarlatina and as many of diphtheria, Dr. Tcherniaieff has arrived at the following general results:—(1) In scarlatinal sore throat, faucial deposits represent a fine granular mass (detritus) resulting from disintegration of a simple inflammatory infiltration. In idiopathic or genuine diphtheria, the deposit occurs in the shape of a peculiar hyaline network, which represents a product of a specific necrosis of the tissues. (2) In scarlatinal angina, the faucial and laryngeal tissues themselves are found to be affected by an acute, diffuse, fairly deep vascular granulation inflammatory process in various stages of its development. In diphtheria, the tissues undergo coagulation-necrosis, while inflammatory changes occur only secondarily, and by no means constantly. (3) In scarlatina, the faucial blood vessels present common inflammatory phenomena, such as dilatation, engorgement, peripheral accumulation of granulation elements, &c., while in diphtheria they are found to be attacked with hyaline degeneration. (4) In scarlatina, the epithelium undergoes pronounced degenerative (retrograde) changes, while in diphtheria it remains usually

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intact, even in the immediate neighbourhood of necrotic foci. (5) In scarlatina, the faucial and laryngeal changes are generally of a more diffuse character—in diphtheria of a more circumscribed one.

In the course of a discussion following Dr. Tchermaieff's communications, Professor V. K. Vysokovitch, of Kharkov, stated that some researches of his own fully support Loeffler's views, according to which the etiology and histology of scarlatinal diphtheria are quite different from those of genuine diphtheria. In the scarlatinal variety there are invariably found, in great numbers, septic streptococci, which penetrate deeply into the mucous and sub-mucous membranes, and are accompanied by deeply-seated foci of necrotic disintegration. In true diphtheria there are detected microbes of a different species—namely, Klebs-Loeffler's bacilli, which, in addition, lie only in the upper and middle layers of false membranes, but never reach the level of the subjacent mucous membrane itself.

Dr. M. V. Iatzevitch, of St. Petersburg, similarly thinks that scarlatinal diphtheria is essentially different from the genuine diphtheria. As an indirect proof, he adduced the fact that, having happened to observe, at a Poltava village in 1887, a scarlatinal epidemic, attacking 120 patients, and lasting about four months, he met with scarlatinal sore throat in as many as twenty-five per cent. of the cases, but he did not come across a single instance of genuine diphtheria about the locality during the whole period mentioned.

We draw the attention of Dr. Tchermaieff and his two colleagues to Dr. J. N. Trent's (of Columbus) paper in the *Philadelphia Medical and Surgical Reporter*, January 12th, 1889, page 36. The perusal of the paper (which "proves" the "identity of scarlatina and diphtheria") will, presumably, greatly please them, or, at all events, show them, approximately, how near is "the end of it." **Valerius Idelson.**

CREW.—Diphtheria. *British Medical Journal, October* 13, 1888.

In this paper, which was read before the South Midland Branch of the British Medical Association, the author expressed his high opinion of the vapour of iodine as a therapeutic agent. **Hunter Mackenzie.**

FALKENHEIM. Diphtheria. *Verein für Wissenschaftliche Heilkunde in Konigsberg, November* 5, 1888.

The author recommended intra-parenchymatous injections of carbolic acid into the tonsils in cases of diphtheria. **Michael.**

PALEY (Brighton).—**Diphtheria.** *British Medical Journal, October* 6, 1888.

Notes of case read, and cast of trachea and bronchi shown, before the Brighton and Sussex Medico-Chirurgical Society, September 6, 1888. **Hunter Mackenzie.**

BRASCH (Putbus auf Rugen).—**Statistics of Diphtheria.** *Deutsch. Med. Zeitung, No.* 17, 1889.

Statistics dealing with diphtheria, and proving that the mortality of the disease decreases as age advances. **Michael.**

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PARSONS, F. (London).—**Diphtheria at Exmouth.** *Lancet, November* 10, 1888. (A Local Government Board Report.)

IN connection with this outbreak two causal points are stated to be especially deserving of notices – viz., infection by personal intercourse at school and elsewhere, and the inhalation of foul air from sewers and drains.

Hunter Mackenzie.

PARSONS, F. (London).—**Diphtheria at Llanasa and Whitford.** *Lancet, November* 3, 1888. (A Local Government Board Report.)

"WE are here face to face with some of the most obscure points relating "to the etiology of diphtheria, such as the periodic progressive develop- "ment and subsequent loss of a property of infectiveness, and the "possibility of a recrudescence of the diphtheria poison occurring under "trivial circumstances of congestion or inflammation, in throats that have "at a former period been the seat of undoubted diphtheria. How far "faulty sanitary circumstances can be regarded as lighting up anew the "process of infectiveness cannot be stated; but it is noteworthy that it does "cling to certain spots where there are, amongst other things, such "defective sanitary arrangements as relate especially to drainage and "excrement disposal."

Hunter Mackenzie.

SPEARS (London).—**Diphtheria in the Landissillio District.** *Lancet, November* 10, 1888. (A Local Government Board Report.)

A NOTEWORTHY point in this report is that two children of a physician attending cases of diphtheria, and who himself had a sore throat, suffered from the disease. Two terriers who accompanied this physician on his rounds also suffered from a throat affection with constitutional symptoms, and two cats became similarly affected. It was ten days after the first onset of the canine seizures that the two children fell ill, both on the same day, with attacks that proved to be genuine diphtheria.

Hunter Mackenzie.

AIRY (London).—**Diphtheria at Walthamstow.** *Lancet, November* 17, 1888.

A LOCAL Government Board Report, which contains nothing of importance or novelty.

Hunter Mackenzie.

PARSONS, F. (London).—**Diphtheria at Llandwddyn.** *Lancet, November* 3, 1888. (A Local Government Board Report.)

THE special interest in this outbreak is in the fact that the village lies in the basin of the valley which will form the new reservoir for the Liverpool waterworks. The valley is believed to be the bed of an ancient lake, and has been the scene of three severe outbreaks of diphtheria.

Hunter Mackenzie.

EDITORS OF LANCET (London).—**Increase of Diphtheria Mortality in London.** *Lancet, November* 3, 1888.

IT is stated that "during the last seven years (1881-7) the rate of "mortality from diphtheria in London has considerably exceeded that "recorded in any similar previous period of which record exists, and has

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" also exceeded the mean rate in the whole of England and Wales, which " was not the case thirty years ago, when the disease first became fatally " prevalent in England. It is worthy of note that while, as is stated " above, the death-rate from diphtheria during the last seven years " averaged 217 per million in London, it did not exceed 113 in the twenty- " seven great provincial towns, in which the death-rate from other zymotic " diseases considerably exceeded that which prevailed in London."

Hunter Mackenzie.

EDITORS OF LANCET (London).—**Domestic Animals as Vehicles of Infection.** *Lancet, November* 3, 1888.

REFERENCE is made to a report from Chicago, that a local outbreak of scarlatina had arisen from infection by a cat. Diphtheria is mentioned as a disease which in all probability is occasionally communicated in the same way, for observations have shown that, whilst this disease was prevalent in man, a similar malady affected the cats belonging to the houses of the sufferers.

Hunter Mackenzie.

SEON, GREVILLE E. (Reading).—**Protection in Diphtheria.** *Lancet, November* 3, 1888.

A SUGGESTION of a pair of spectacles with a wire frame attached covered with gauze or silk, so as to protect the eyes, nose, mouth, and face from membrane or blood.

Hunter Mackenzie.

HENNIG (Königsberg).—**New Treatment for Epidemic Diphtheria.** *Berl. Klin. Woch., Nov.* 8 *and* 9, 1889.

THE author recommends gargling and internal use of aqua calcis, with ice applied externally. Though the paper is an extensive one, it is not intelligible why the author calls his treatment "new," as both prescriptions have been known for a long time.

Michael.

RIDGE, J. JAMES (London).—**Naso-Laryngeal Intubation in Diphtheria.** *British Medical Journal. October* 13, 1888.

GUM elastic, silk catheters, are passed through the nares into the larynx for breathing, and into the gullet for feeding purposes. The author has treated four cases in this way without a recovery, though on several occasions fits of suffocation were believed to have been averted.

Hunter Mackenzie.

EDITORS OF "LANCET" (London).—**Cold and Disease.** *Lancet, November* 10, 1888.

AN annotation referring to researches of Dr. H. H. Baker of Lansing, Michigan, who finds that diphtheria and scarlet fever prevail most in the cold seasons of the year, and decrease as the atmosphere becomes warm and moist. The retention of non-volatile salts in the mucous membrane of the air-passages, which occurs in proportion as the air is dry and cold is stated to be *vera causa* of such forms of inflammation.

Hunter Mackenzie.

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LEWENTAUER (Constantinople).—**On Turpentine in Idiopathic Croup.** *Centralblatt für Klin. Medcin., No.* 8, 1889.

A RECOMMENDATION of this treatment. **Michael.**

KOLISKO AND PALTAUF (Vienna).—**The Nature of Croup and Diphtheria.** *Wien. Klin. Woch., No.* 8, 1889.

IT is not possible to discover any anatomico-pathological difference between croup and diphtheria. In both diseases Loeffler's bacillus was found. Both are one and the same local infectious process, producing general intoxication of the system. **Michael.**

PINIACZEK (Cracow).—**The Laryngoscopical Image of Croup.** *Archiv. für Kinderheilk., Bd. X., Heft* 5.

THE author has examined several children with this affection. He maintains that it is easy to examine dyspnœic children. He finds three types of laryngoscopic image: (1) The glottis is in the phonatory position, and the more the child makes forced inspiratory efforts, the more diminished becomes the glottic opening. In such cases the sub-glottic space cannot naturally be seen. (2) In other cases a space was seen in the glottis, leaving parts below the vocal cords open to view. The sub-glottic regions were red and swollen, and frequently covered with pseudo-membranes. (3) In other cases the mucous membranes and the vocal cords were covered with pseudo-membranes, but the vocal cords retained their normal mobility. The author records some examples of these so-called "types," and concludes that in some cases the stenosis is caused by the median position of the vocal cords, in others by the swelling of the glottis, and the third type by both causes combined.
Michael.

UNGAR & FERVERS.—On the Treatment of Whooping Cough with Chinine, and especially with Sub-cutaneous Injections. *Weiner Med. Blatter*, 1888, *No.* 31.

THE authors have treated whooping cough with chinine with good results. In cases in which the medicament is constantly vomited they use sub-cutaneous injections of chinine-carbylamide. **Michael.**

BELTZ (Griefswald).—**The Treatment of Whooping Cough.** *Archiv. für Kinderheilk., Bd. X., Heft* 5.

THE author, who is assistant to Prof. Strübing, has observed cases treated by Michael's method (insufflation of powders into the nasal cavities). Strübing's theory of the efficacy of this method is as follows:—There can be no doubt that there is an increased reflex irritability of the cough centre. There are not only physiological but pathological reflexes. Attacks may be brought on by conditions of injury, not only to the air passages, but also to other regions, and psychical irritation may also bring on attacks. In all cases the nose is found to be hyper-irritable. The treatment of this organ may therefore be of the greatest service. This is proved by the following cases—(1) a case was cured in ten days; (2) a

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case was nearly cured after two insufflations: (3) a case was cured in eighteen days; (4) another in eleven days: (5) another in twenty days: (6) another in twenty-four days; (7, 8, and 9) three cases cured within the same period. In three other cases the duration of the disease was not shortened, but the intensity of the attacks was influenced for good. Some other cases showed no influence to the treatment—of some cases benefited no table is given. The author agrees with Michael, that the best effects can be obtained if we commence the treatment very early, and either in the first few days or very late on (4th to 5th week), and concludes that this method of treatment is a great advance in therapeutics.

Michael

MOUTH, TONGUE, PHARYNX, &c.

FRÜHWALD (Vienna).—**On Stomatitis Ulcerosa.** *Jahrbuch für Kinderheilk., Bd.* 29, *Heft* 2.

IN 11 cases the author has examined the secretions of the affected mouth, and has found in them a pathogenic bacillus which yields fœtid cultures.

Michael.

WILLIAMS, CHARLES (Port Isaac, Cornwall).—**A Remarkable Case of Probably Cancerous Disease.** *Lancet, November* 17, 1888.

A DETAILED account of a case of (apparent) epithelioma of the lower lip and sub-maxillary glands, which showed curious alternations of destructive and healing actions.

Hunter Mackenzie.

COBB, R. (Indian Army).—**Case of a Lesion at the Base of the Brain, Paralysing the Fifth and Hypoglossal Nerves, Treated by Trephining.** *British Medical Journal, October* 6, 1888.

THE diagnosis was an intra-cranial growth at the base of the brain, close to the medulla and pons. Trephining was performed for the relief of pressure.

The author remarks that "the association in paralysis of the fifth and "hypoglossal nerves is unusual, and enables one to localise the lesion with "some precision. . . . It is probable that the hypoglossal nerve suffered "the most from direct pressure of the growth, as the wasting of the affected "half of the tongue was extreme, and no improvement resulted on the "removal of the intra-cranial tension."

Some remarks on the indications for trephining in such cases follow.

Hunter Mackenzie.

HERZOG.—Hypertrophy of the Glands of the base of the Tongue. *Verein der Aerzte in Steiermark, December* 10, 1888.

THE author related eight cases of this condition. The patients have a sensation of a foreign body, or of pressure, or slight pain, or hypochon-

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