dition, not confined to the nostril but extending into the post-nasal space, with the formation of crusts and a characteristic smell. That was the form which, in his opinion, was not often met with before puberty.

Dr. MACINTYRE suggested that the subject might very well form one for discussion at the next meeting. It might be well, however, to settle beforehand what was meant by each speaker in using the various terms. For example, atrophic rhinitis might be misunderstood. If twenty patients were brought into the room, probably there would be no difference in giving a name to the disease from which each was suffering, and yet in speaking of atrophic rhinitis in the abstract some different conditions might be meant. The term "inflammation," for example, was very loosely applied, and evidently included a great many different conditions which were grouped together in the present state of our knowledge, but which would ultimately be separated by histological research.

DIPHTHERIA, &c.

Sendziak (Warsaw).—*Contribution to the Question of the so-called Croup of the Nose.* "Nowiny Lekarskie," 1892, No. 10.

THIS paper was fully published in this Journal in 1892. *John Sendziak.*

Godart and Kirchner.—*Diphtheria in Belgium.*

Gallez.—*Diphtheria in Belgium: its Causes and Prophylaxis.*

Bairy.—*The Causes of the Development of Diphtheritic Angina in Belgium, and the measures necessary to combat it.*

THESE three memoirs have received prizes from the Academy of Medicine of Belgium. They are too long for abstraction, and, moreover, present nothing new. *Hicguet.*

Sweeting, R. W. R. (London). — *Post-Scarlatinal Diphtheria: A Statistical Analysis.* "Brit. Med. Journ.," Mar. 11, 1893.

THE cases occurring in the Metropolitan Asylums Board fever hospitals were true diphtheria occurring in convalescents from scarlet fever about the fourth week. Outside infection; concurrent incubation or personal infection from case to case in the wards were non-operative. Defects of drainage failed to explain it. It was supposed the aggregation induced a change in the poisons of scarlet fever and diphtheria in the direction of increased potency. Dr. Thorne Thorne believed it to be wholly a question of maladministration. *Wm. Robertson.*

Tooth, H. H. (London).—*Diphtheritic Paralysis with Temporary Absolute Deafness.* "Brit. Med. Journ.," Mar. 11, 1893.

THE diphtheria occurred in a boy aged five years, manifesting itself on the tonsil and in the nose. The urine was albuminous. A month after the

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beginning of the attack he became suddenly deaf and giddy, with the palate paralysed, and the knee jerks absent. In three weeks' time the palate recovered itself, and the patient began to hear loud shouts. Four days later a watch could be heard an inch off in his right ear, but not in the left. Perosseous deafness was absolute, and he found walking impossible with eyes shut. Three weeks later hearing in right ear normal, and the watch at six inches in the left, and in yet another three days tympanic and perosseous hearing were normal. Knee jerks were absent, and he tended to fall on walking down a line. The author remarks that the diphtheritic process so marked in the nasal passages favoured the view of Eustachian obstruction having supervened, although it would not account for the total deafness noticed, which, be it observed, occurred after all diphtheritic inflammation had vanished. The conclusion was that the auditory nerve or centre had been implicated in the same way as in ordinary diphtheritic paralysis. The rapid recovery favours this view. This occurrence must be rare as a sequelæ of diphtheria, as, according to Gowers, hearing is never impaired. This case is an instance of a sensory nerve being affected by diphtheritic changes if the seat of the lesion was in the auditory nerve. Dr. Tooth considers it easier to suppose an affection of the centre. The non-return of the patellar reflex is notable, the author observing that he has seen cases where it did not return for months, and even years. *Wm. Robertson.*

Aitken.—*Diagnosis and Treatment of Diphtheria.* "The American Practitioner and News," Oct. 8, 1892.

THE author relies on the following points in the differential diagnosis between diphtheria and follicular tonsillitis :—

DIPHTHERIA.	FOLLICULAR TONSILLITIS.
Invasion gradual, often insidious.	Invasion abrupt.
Temperature.	*Temperature.*
Rises gradually, may be high throughout. Course of fever irregular.	For first twenty-four hours 102°-105° F. ; lasts three days.
Often little disturbance till third day, marked asthenia.	Most general disturbance first day, no tendency to asthenia.
Pulse.	*Pulse.*
When rapid becomes feeble, may be slow and irregular.	Rapid and full.
Glandular swelling almost invariably present.	Glandular swelling usually absent.
Reaches height in four or five days.	Reaches height in twenty-four to thirty-six hours.
Nasal regurgitation and bloody discharge often present.	No nasal regurgitation or bloody discharge.
Albuminuria is present with low temperature.	Slight albuminuria only if temperature is high.

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DIPHTHERIA.	FOLLICULAR TONSILLITIS.
Highly contagious.	Contagion doubtful.
Paralysis common, even after milder cases.	No paralytic sequelæ.
Prevails epidemically.	Cases may have a common origin, *e.g.*, sewer gas.
Exudation.	*Exudation.*
Fiery blush over whole throat.	Blush usually on tonsils only.
Isolated spots, coalesce, grey early, greenish later.	Isolated yellow spots or continuous membrane.
On tonsils, uvula, and pharynx.	On tonsils only.
Mucous membrane bleeds readily on removal of diphtheritic membrane.	Mucous membrane does not bleed on removal of the grey spots.
Infiltrates tissue and cannot be wiped off.	Superficial, often can be wiped off, not adherent.
Reforms if forcibly removed.	Does not reform after removal.
May not appear for forty-eight hours.	Appears early.
Spreads.	Does not spread.
Frequently unilateral for two days.	Always bilateral.
Clears off slowly, lasting from five to twenty days.	Clears off quickly.

"Liquor ferri subsulphatis," of full strength, swabbed on the throat frequently, is highly praised. *B. J. Baron.*

NOSE, NASO-PHARYNX, &c.

Wilkin, G. C.—*An improved Ecraseur Nasal Snare.* "Brit. Med. Journ.," Mar. 11, 1893.

THIS is a combination instrument; it can be used as an ordinary snare, or the écraseur mechanism can be made to act when required. The finger-rests placed on the under surface do not interfere with vision, and give steadiness to the instrument. It is made by Messrs. Mayer and Meltzer, Great Portland Street. *Wm. Robertson.*

Johnstone, R. Mackenzie (Edinburgh). — *Transillumination of the Antrum.* "Brit. Med. Journ.," Feb. 18, 1893.

A DEMONSTRATION to show the efficacy of the test as a diagnostic measure. The light shone through the right antrum, while the left was in umbra. Pus was suspected in the left antrum. *Wm. Robertson.*

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