Thus the epidemic wave seems to be greatest when the first rainfalls, after a lengthened period of dry weather, being but slight, are sufficient to stimulate to activity the dry and comparatively inert organic matter, and it only passes away with the thorough flushing of the sewers, such as we obtained after the heavier and longer-continued showers of the latter half of July.

I may further add that one of my colleagues, residing in a poor portion of the same district as that superintended by Mr. Wynter Blyth, was visited on one evening in the second week in July by six patients in succession, all of whom were suffering from tonsillitis.

I would not have it understood from the foregoing remarks that I hold that dust and dry particles of organic matter do not play any part in the production of throat diseases. On the contrary, I have carefully considered this question in my systematic work (fourth edition, page 174). I only wish to enforce the point that, with regard to weather, long-continued drought and heat only become seriously noxious factors on occurrence of a change.

DIPHTHERIA, &c.

Gottstein (Berlin).—*Contagiousness of Diphtheria.* "Berliner Klin. Woch.," 1893, No. 25.

SEE the report of the meeting of the Hufelandische Gesellschaft of 12th January, 1893. *Michael.*

Editor.—*Diphtheria without Membrane.* "Med. News," May 20, 1893.

THIS is an editorial to bring before our notice the varying severity of diphtheria, and to advise us to carefully treat cases of simple angina occurring at the time of an outbreak of ordinary membranous diphtheria. *B. J. Baron.*

Sendziak (Warsaw). — *Croup or Diphtheritis of the Nose.* "Monats. für Ohrenheilk.," Mar., 1893.

BACTERIOLOGICAL details of a case observed by the author. It must be read in the original, because it is only of pathologico-anatomical interest. *Michael.*

Escherich (Graz).—*On the Question of Pseudo-Diphtheria Bacilli and the Diagnostic Value of Loeffler's Bacillus.* "Berliner Klin. Woch.," 1893, Nos. 22 and 23.

IN all cases of true diphtheria Loeffler's bacilli are found. The pseudo-diphtheria bacilli must be regarded as a special genus. They are of no diagnostic value. In the mouths of healthy persons virulent bacilli are sometimes found. Such persons must be looked upon as immune from

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local conditions, such as special thickness of the epithelium, or by acquired immunity from a previous attack of diphtheria. *Michael.*

Leonhardi.—*Croup, Diphtheria, and Scarlet Fever.* "Volkmann's Vorträge," New Series, 1892, No. 55.

NOTHING new. *Michael.*

Ahronson. — *Experimental Researches on Diphtheria, and the Immunity-Producing Power of Blood Serum.* Berliner Medicinische Gesellschaft, Meeting, May 31, 1893.

THE necessary dose of serum to produce immunity was 1 : 400,000 if the infection was one day old, and 1 : 30,000 if the infection was two days old. For a sick child some decigrams will be enough to produce immunity and cure. *Michael.*

Behring (Berlin). — *Treatment of Diphtheria with "Diphtherieheilserum."* "Deutsche Med. Woch.," 1893, No. 23.

SO-CALLED septic cases of diphtheria are not produced by Loeffler's bacilli, but by a complication of other micro-organisms, such as streptococci. The serum has no influence on this form; it must be treated by chlorate of potassium or iodoform. By cleansing the diseased organs this complication will not occur. Of the chemical nature of the "Diphtherieheilserum" nothing certain can be said; it is not an albumen or globulin, because it is also effectual in a peptonized state. In large doses also it has no toxic effects. *Michael.*

Tull.—*Report of a remarkable Series of Thirty-three Cases of Diphtheria, treated by the Tartaric Acid Corrosive Sublimate of Mercury method.* "The Times and Register," May 20, 1893.

RENNERT'S method of swabbing the throat with a one to five hundred tartaric acid corrosive sublimate solution, made by dissolving a tablet in water, was carried out. A teaspoonful of the solution is used at a time, and the application is made every three hours; no roughness ought to be used, and the throat should be gently swabbed, not rubbed. In two or three days the membrane readily comes off, and as the case gets better the applications are made every six and then every twelve hours.

At the same time the bowels were acted on by a tablet containing calomel, sodæ bicarbonate and ipecacuanha every half-hour till free evacuation occurred, and then every two hours; also a mixture containing quinine, chlorate of potash, citrate of potash, and perchloride of iron was administered. The success of the method is said to be remarkable.

B. J. Baron.

Wharton.—*A Case of Diphtheritic Croup, in which a tracheotomy tube was worn for sixty days.* "Medical News," June 24, 1863.

THE reason for the long period during which the tube was worn was that masses of granulation tissue formed lower in the trachea than the wound. Intubation did not help. Removal of these granulations and cauterization of their bases enabled the tube to be dispensed with. *B. J. Baron.*

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Veronese (Trieste).—*Post-Diphtheritic Paralysis of the Heart.* "Wiener Klin. Woch.," 1893, Nos. 17 to 24.

A GIRL, thirteen years old, died suddenly ten days after an attack of diphtheria. The microscopical examination of the heart showed partially fatty degeneration of the musculature. In the nerves laryngeus superior, nervi cardiaci, phrenici, splanchnici, pathological degenerations were also found. The author has observed sudden death in ten cases of convalescence from grave diphtheria. In all cases careful examination revealed the existence of dilatation of the heart some days before the event. In all cases vomiting and disagreeable sensations in the cardiac region were also observed during the last days. Auscultation does not give sure results. The examination of the pulse is of great importance. A simple arythmia is of no great danger, because it is observed in many convalescents from infectious diseases, but sometimes it constitutes a true delirium cordis of bad prognosis. Also a bad sign is high frequency without feverish symptoms, and especially the pulsus varus of forty or less beats. The liver is always enlarged in cases of post-diphtheritic collapse, and the phosphates in the urine are increased. Some attacks of syncope usually precede the fatal collapse. Treatment consists in rest in bed, good diet, camphor strychnine, cataplasms, etc. *Michael.*

NOSE AND NASO-PHARYNX.

Baumgarten.—*Empyema of the Antrum of Highmore.* Gesellschaft der Aerzte in Budapest, Meeting, April 29, 1893.

A CASE was shown which had been treated by broad opening and tamponing with iodoform gauze. *Michael.*

Grossmann (Budapest).—*Disturbances of Vision caused by Diseases of the Nose and its Accessory Cavities.* "Allgem. Wiener Med. Zeitung," 1893, Nos. 14, 15, 16, 17, 18, and 20.

THIS detailed and instructive paper cannot be abstracted minutely, as it deserves. Here we can only give a short review. Eye diseases from nasal affections may be produced by the propagation of pathological processes, such as conjunctivitis and keratitis, from coryza chronica, eczema and nasal polypi; by inflammation of the accessory cavities, and especially dacryo-cystitis; in empyema of the frontal sinus disturbances of vision are often observed; from caries of the ethmoidal sinus, from ectasis of its cells, exophthalmos, abscess of the orbital cavity and emphysema of the orbital cavity may be produced. Retro-bulbar neuritis and perineuritis optica may arise from empyema of the sphenoidal sinus. The author relates illustrative cases from literature and from his own practice, and concludes with a case of neuro-retinitis optica and anæsthesia corneæ caused by a malignant tumour of the sphenoidal sinus. *Michael.*

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