BERGEON ET MOREL.—Results of the Method of Gaseous Rectal Injections in Simple Inflammatory and Tubercular Laryngitis, Ulcerations of the Respiratory Passages, Pharyngitis, &c. (Resultats de la Methode des Injections Rectales Gazeuses dans la Laryngite, Simple Inflammatoire, et Tuberculeuse, les Ulcerations des Voies Respiratoires, la Pharyngite: G. Masson, Boulevard St. Germain, &c.)

DR. BERGEON has abandoned local treatment in laryngeal phthisis, and has employed the method of rectal clysters. He has always obtained by this means rapid amelioration of the throat pains, disappearance of spasm, and complete cicatrization of the ulcers. A patient with such pain on swallowing that he had not eaten for three days, was relieved quickly by the treatment with gaseous enemata. The throat pains diminished, and in three weeks the ulcers began to cicatrize, which process has continued since. Bergeon employs by preference carbonic acid, and he injects four to five litres a day, in two injections. M. Cornil and M. Chantermesse, experimenting with this method of treatment, have obtained excellent results in the treatment of respiratory affections. JOAL.

DIPHTHERIA.

CLIBBORN, J. B.—A Case of Diphtheria of the Vagina without the Throat being affected. *Lancet*, No. XIX. Vol. II. *November* 6, 1886.

A WOMAN, attending her child suffering from diphtheria, was scratched by him on the wrist. Isolated painful vesicles appeared without pyrexia; healed, and were succeeded by similar vesicles round the nipples; still no pyrexia. These disappeared. The patient all the time felt weak, which increased. Anorexia and insomnia, along with fœtid vaginal discharge, came on. The mucous membrane of vagina was inflamed, and covered in parts with false membrane; constitutional symptoms followed, asthenia, delirium, delusions, and albuminuria. Highest temperature 99°·4. The woman, who was pregnant, developed labour pains. Miscarriage was averted by large doses of opium. Ten days after appearance, the false membrane disappeared and convalescence was rapid. The throat was never affected. The treatment was carbolic acid ♏j, glycerine ♏x, tinct. quiniæ ʒj, water to ʒj, every three hours, and local treatment with iodoform and vaseline, and syringing with potass permanganate.

The author speaks highly of this plan of treatment in other cases.

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CLEMENS, J. M. (Louisville).—**Diphtheria and Croup.** *Progress, July*, 1886. *Extracted from the New York Medical Record, August* 7, 1886.

DR. CLEMENS thinks that the "unity theorists" ignore the fact that there exists a non-specific, non-contagious, idiopathic, membranous croup, which is perfectly distinct and distinguishable from diphtheritic laryngitis, and he enumerates the points of difference.

In diphtheritic croup there is a prodromal stage of two or more days, without hoarseness or cough, with constitutional disturbance, elevated temperature, subsiding after the onset, even to subnormal point, and rising again with the invasion of the larynx and trachea. In true croup the onset is sudden, or following exposure to wet or cold, within a few hours, little or no constitutional disturbance, elevated temperature, continuing till amendment is established. In diphtheritic croup, there is mottling or irregular reddening of the fauces, often more conspicuous on one side than the other. In true croup, the fauces are never mottled, but uniformly pale red or bright red, and free from loose secretion. Enlarged and painful lymphatic glands, particularly the submaxillary, occur in diphtheritic croup, but there is never any submaxillary enlargement in true croup. Exudation on the tonsils, fauces, nares, lips, &c., occurs in diphtheritic, but never in true croup. Early albuminuria is the rule in diphtheritic, but never in true croup. A peculiar fœtid breath occurs in diphtheritic, but never in true croup. Diphtheritic croup is a general asthenic disease, while true, or pseudo-membranous croup is a local sthenic affection.

TRIFILETTI, A.—On a Case of Primary Diphtheria of the Naso-pharynx, and Remarks on the supposed Analogy between Diphtheria and Scarlatina. *Archiv. Ital. di Laring., An. VI., Fasc.* 1 *and* 2.

THE author brings forward a case of primary diphtheria of the naso-pharynx, occurring in an individual who had been in such intimate relations with patients suffering from measles and scarlatina, that one might reasonably suppose not only an identity between diphtheria and one of these diseases, but even the existence of a secondary diphtheria.

It is a well-devised article, and eminently clinical in scope.

MASSEI.

WOLFENDEN, NORRIS.—Athetosis occurring after Diphtheria. *Practitioner*, 1886.

THE author describes the case of a young girl of nineteen con-

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valescent from a severe diphtheria, in whom there was paresis of the right side, arm, and leg; feelings of pins and needles in the fingers and toes, and occasional pains in the right shoulder. Athetosis in the fingers and toes of the right side was marked, accompanied by intermittent spasm of the arm. There was no history of nervous complaints in the girl herself, but the mother and father gave a very nervous history (megrims, sunstroke, and violent temper). Recovery was rapid under perchloride of iron. This is the first time, the author believes, that athetosis has been recorded as a sequence to diphtheria. Whether athetosis is a lesion of the internal capsule, or the symptoms recorded had anything to do with a peripheral neuritis, the author does not venture to say, but thinks the case important as bearing on the pathology of this obscure condition.

LATOUR, TOLOSA.—Popular Instructions for the Prevention of the Propagation and Ravages of Diphtheria (Garrotillo, Gangrenous Quinsy, Croup). (Instrucciones Populares para evitar la Propagacíon y Extragos de la Diftéria, Garrotillo, Angina Gangrenosa, Crup.) Prize Essay. *Spanish Hygienical Association. Madrid*, 1886.

In the space of only sixteen pages the author defines with exactness and precision the symptoms of diphtheria, the differences between its forms as occurring in the child and the adult; discusses the care of the patient, the measures to be adopted to restrain the propagation of the disease, and the rules necessary to prevent its ravages. He gives a few medical formulæ, discusses the practice of disinfection, the mortality of diphtheria, and ends with a few statistics as to the mortality from diphtheria and croup in Madrid, which has been in 1880, 242; in 1881, 199; in 1882, 187; in 1883, 1027; in 1884, 1102, or for the year 1884, 7 per cent.

Ramon de la Sota y Lastra.

MARTINEZ, ARAMBURO.—Prognosis in Diphtheria. (El Pronóstico en el Diftéria). *Anales de Obstet., Gynep. y Ped. Madrid, November*, 1886.

Martinez, basing his conclusions on the study of 114 cases of this complaint (published in *El Siglo Médico*), says that diphtheria can be divided into five forms or varieties: 1st, The slight or diphtheroid; 2nd, The grave form, with infection, false membranes on the pharynx and soft palate being the anatomico-pathological feature of this form; 3rd, The grave and infecting form, false membrane being slight, but tissue destruction in the pharynx prevailing; 4th, Laryngeal

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diphtheria, or "garrotillo;" 5th, Hyper-toxic, or malignant diphtheria. The prognosis is very good in the first variety, must be very grave and guarded in the second form, grave but hopeful in the third, gravest in the fourth, and absolutely hopeless in the fifth variety.

RAMON DE LA SOTA Y LASTRA.

GONZALEZ, DOMINGO.—Salicylic Acid in the Treatment of Diphtheritic Coryza. (El Ácido Salicílico en el Coriza Diftérico.) *Gaceta Médica Catalana. Barcelona, September*, 1886.

GONZALEZ concludes: 1st, Diphtheria is a local disease, always dangerous, but curable if from the first local treatment is energetic; 2nd, Cauterizations with nitrate of silver, or hydrochloric acid, constitute the best treatment; 3rd, When the disease attacks the nasal fossæ, cauterizations being impossible, insufflations, or irrigations, of antiseptics must be employed; 4th, Salicylic acid is the best of these agents, being acid, antiseptic, and non-toxic; 5th, Sprays of 4 per cent. solutions of chlorate of potash and borate of soda aid the cure.

RAMON DE LA SOTA Y LASTRA.

BROUARDEL.—The Treatment of Diphtheria by Benzoate of Soda and Calcium Sulphide. (Traitement de la Diphtherie par le Benzoate de Soude Associé au Sulfure de Calcium.) *Gazette des Hôpitaux, December* 11, 1886.

A MIXTURE is made of 150 gr., containing 4 to 5 gr. benzoate of soda, according to the age of the child. Sulphide of calcium is given at the same time in granules or syrup. Besides this, in grave cases, pulverizations must be made with a 10 per cent. solution of benzoate of soda, night and day. In less severe cases, sleep need not be disturbed. Under this treatment, says Brouardel, one sees the false membrane pale, lose its consistency, become more and more gelatinous, and disappear, dissolved by the benzoate of soda, leaving the skin beneath cicatrized. The treatment is followed by continuous vaporizations of phenic acid, eucalyptus, and turpentine. Dr. Brouardel maintains that he has obtained constant success by this plan of treatment, and affirms that practising in Algeria, where diphtheria makes great ravages, he has not lost one patient out of more than 200 cases treated by him. JOAL.

BRASCH.—Diphtheritic Paralysis cured by Injections of Strychnine. (Zur Therapie schwerer diphtheritische Lähmungen mit Strychnininjectionen.) *Med. Wochens*, 1886, No. 48.

A CHILD of four had, after diphtheria, paralysis of the palate, neck, and muscles of the upper and lower extremities. The condition was completely cured by eighteen injections of strychnine. MICHAEL.

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