As to treatment : although a successful result is rare, all authors agree that in every case of extensive fracture of the larynx, accompanied with dyspnœa, we must immediately perform tracheotomy. Of sixteen cases of recovery, recorded by Durham, tracheotomy was performed in nine. Solis-Cohen, justly indeed, says that it is better to perform tracheotomy when it seems to be unnecessary, than to permit exitus letalis without undertaking it. After tracheotomy, we must endeavour to join the broken parts, and for this purpose we must, if necessary, cut the crico-thyroid membrane, and set the broken parts by means of a catheter or the finger. If the fractured portions of the thyroid cartilage do not meet well, we must extirpate them.

A more precise description of the surgical treatment of these cases will, however, be found in surgical manuals.

THERAPEUTICS, DIPHTHERIA, &c.

HINDE, A. (Chicago).—**A New Palate Retractor.** *Med. Record, March* 30, 1889.

THE instrument consists of a handle, three inches long, with a shaft five inches in length, terminating in an equilateral triangle, each side of which is half an inch long. This triangular portion is bent in the shaft at an angle of 75° to 80°. **R. Norris Wolfenden.**

OSBORNE, J. D. (Newark).—**A Tongue Depressor and Insufflator.** *Med. Record, March* 30, 1889.

THE instrument consists of a tube, eight or ten inches long, having attached to it an inverted spoon-shaped depressor bent in itself. The end of the tube covering the spoon is flattened and depressed in the centre, for the purpose of scattering the powder laterally on the tonsils and fauces. Any atomiser with projecting point will also throw a spray through it.
R. Norris Wolfenden.

SENATOR (Berlin).—**A Dilator for Treatment of Strictures of the Œsophagus.** *Deutsche Med. Wochenschr.*, 1889, *No.* 28.

THE author has used sounds, on which are fixed pieces of laminaria. This is introduced in the stricture, and swells there. As the author has only treated carcinomatous strictures thus, he has only had palliative success, but there is no doubt that cicatricial strictures can be really cured by this method. **Michael.**

BABER, E. CRESWELL (Brighton).—**A Recent Improvement in Posterior Rhinoscopy.** *British Medical Journal, January* 12, 1889.

THIS consists in the use of a self-restraining palate-retractor, invented

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by Dr. J. A. White, U.S.A., and modified by the author. It may be had from Messrs. Down Brothers, Borough, London, S.E.

Hunter Mackenzie.

DROZ, L.—On Cocaine. *Rev. Méd. de la Suisse Romande, June,* 1889.

LÉPINE, of Lyons, has recorded (*Semaine Médicale*, 22nd May, 1889) a large number of cases of cocaine intoxication. Six centigrammes have sufficed to provoke accidents in an adult, and a dose of 0·02 gramme has produced asphyxia in an infant. The dose of 0·13 centigrammes has not been exceeded for subcutaneous injection, except in a case of Ricci's, in which 1·25 grammes was injected accidentally. The dose absorbed after swabbings is generally less than 0·06. In a case of sinus, a patient injected with 0·80 of cocaine, died within twenty minutes ; and in a second case, 0·65 grammes of cocaine, in 16 grammes of water, was injected into the urethra. The author cites a case of a student who injected into his urethra a solution of cocaine of the strength of 1 gramme in 20 grammes of water. He made further experiments upon himself by injecting about 0·05 grammes of cocaine, every quarter or half-hour. About ·75 grammes was the total amount absorbed from the urethral mucous membrane within three hours and twenty-two minutes, and was followed by negative results. In a second experiment he used a solution of 1 gramme in 15 grammes of water. After absorption of ·85 grammes, general analgesia became complete, trismus and Cheyne Stokes' respiration supervened, with agonising dyspnœa ; somnolence, with sudden re-awakening ; convulsive movements in the limbs, etc. The symptoms were relieved at once by inhalations of nitrate of amyl and strong coffee Trismus and Cheyne Stokes' respiration have not previously been mentioned in connection with cocaine.

R. Norris Wolfenden.

MERMOD.—The Larynx and Cocaine. *Rev. Méd. de la Suisse Romande, June,* 1889.

EVEN before the publication of Heryng's work, the author had treated many cases of laryngeal tuberculosis by curetting and subsequent cauterisation. He has also applied electrolysis, by means of a long curved needle, which is made to rest upon the ulcerated surface, cocaine being previously applied. Spasm of the glottis is overcome by Schroetter's sounds. In order to obtain rapid and complete anæsthesia, solutions of 20 to 25 per cent. cocaine are necessary, making several successive applications at intervals of a minute or two. The dose has to be often increased, and the author has used as much as a gramme of cocaine (15 grains) in a patient who at first was anæsthetised with 20 centigrammes. Solutions of 10 per cent., or less, suffice to relieve pain, and may be used to allay the painful deglutition of phthisical patients. Sub-mucous injections of cocaine permit much more accurate localisation of the anæsthesia, and a smaller quantity of cocaine is required (6 centigrammes). According to Vian and Heryng, the cocaine solution ought to contain 2 per cent. carbolic acid, in order to prevent signs of intoxication. Cocaine does not make the anæsthesia so perfect that endolaryngeal operations can be undertaken by any but those skilled in their

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performance. It does not remove fear from the patient, and, especially when applied in swabbings, its effect is not always certain, and it does not suppress the reflexes in many subjects. **R. Norris Wolfenden.**

KOEHLER, F. W. (Louisville).—**Creolin in the Local Prevention and Curative Treatment of Infectious Throat Diseases.** *Med. Record, January* 19, 1889.

THE author uses it as a gargle, and in infectious troubles puts all the members of the household upon the creolin treatment, thus preventing the spread of diphtheritic sore throats. He recommends it for the treatment of diphtheria. One or two per cent. solutions of creolin are potent germicides. **R. Norris Wolfenden.**

YEO, J. BURNEY (London).—**Grasse, Alpes, Maritimes, as a Health Resort.** *British Medical Journal, January* 12, 1889.

THE town of Grasse is situated about ten miles to the north of Cannes, at an elevation of about 1000 feet above the sea. The climate is stated to be suitable for those pulmonary or nervous invalids who are better in a dry, bracing air, than in a moist, relaxing one, for certain asthmatics, and for those who suffer from sleeplessness, loss of appetite, and nervous irritability when living on the coast, and for many who cannot bear the glare of the sun on the sea. **Hunter Mackenzie.**

SQUIRE, J. E.—**The Prevention of Phthisis.** *British Medical Journal, January* 26, 1889. (A Paper read before the Epidemiological Society of London, January 9, 1889.)

THIS communication had reference to overcrowding, bad hygienic conditions, defective sanitary states, and other causes which are recognised as predisposing elements in the induction of tubercular disease.

Hunter Mackenzie.

PÜTÏATIN, M. J. (Rybinsk).—**Critical Remarks on Various Methods of Treatment of Phthisis.** *Transactions of the Third General Meeting of Russian Medical Men at St. Petersburg, No.* 9, 1889, *p.* 292.

DR. PÜTÏATIN lays down the following general propositions :—

1. There do not yet exist any specific remedies for pulmonary tuberculosis. Turpentine, and especially creasote, seem to give satisfactory results more often than any other means. Sometimes preparations of iodine prove useful, while mercurials remain mostly inactive.

2. At all events there cannot be possibly any definite routine therapeutic method equally suitable for one and all of the patients. The treatment should vary according to distinct indications and peculiarities of individual cases.

3. Sometimes good results are obtained from overfeeding, hence it is desirable that koumiss and kefir (as excellent dietetic articles) should find a possibly large application in (country) practice.

4. In view of the fact (1) that special climatic resorts are inaccessible (too expensive) for a vast majority of consumptive patients, and (2) that

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cure can take place under most varying climatic conditions, it is necessary that in each and all of the Governments (*Gubernias*) of Russian Empire, the town and rural (*zemsky*) administrations should establish special curative institutions for consumptives. Until then the said corporations should keep special wards for the patients, set apart in existing general hospitals.

5. Both rest and exercise should occupy an important place in the therapeutics of phthisis, but their regulation should be invariably retained in the hands of the medical attendant.

6. The cardinal principle of social prophylactics against tuberculosis is constituted by all possible efforts directed against all social evils and unhealthy states of the air, soil, and drinking water.

7. The rational therapeutics and prophylaxis, as applied to tuberculosis, will lead at the same time to a steady decrease in general morbidity and mortality all over Russia.

Dr. Pütiatin's communication gave rise to a prolonged and interesting discussion, in the course of which Drs. A. S. Shtcherbakoff, of Rostov-on-Don, E. Gürin, of Bessarabia, N. A. Stroganoff, of Odessa, and Professors J. S. Kremiansky, of Kharkov, and Th. Th. Erismann, of Moscow, emphatically admitted the enormous importance of the subject brought forward by the author. Ultimately a resolution was proposed by Professor Erismann, and unanimously adopted by the meeting, to the effect that the question on "Individual and social struggles against tuberculosis in Russia" should be thoroughly considered by the Committee of the Fourth General Meeting (at Moscow), and that such measures should be taken as would secure an elaborate all-sided discussion enabling the future congress to adopt some practical steps. **Valerius Idelson.**

VYSOKOVITCH, Professor V. K. (Kharkov).—**On Rational Treatment of Pulmonary Phthisis.** *Transactions of the Third General Meeting of Russian Medical Men at St. Petersburg, No.* 6, 1889, *p.* 173.

THE author does not entertain any doubt, (1) that consumption is an infectious disease, caused by Koch's tubercle bacillus, and (2) that the disease is curable. But he positively declines to believe that it can be cured by any bactericide remedies proposed almost daily, and supposed to be capable of destroying the microbes in the patient's system. Both the author's own, and Cornet's researches on the biological properties of the bacillus have justified the deduction that the means in question are utterly useless as direct tubercle destroyers. Possibly some of them may prove of service as means for increasing the patient's resistance towards the action of the microbe ; but even that remains yet to be proved. Having lately visited Goerbersdorf (Dr. Brehmer's institution for consumptives), in Austrian Bohemia, Professor Vysokovitch has come to the conclusion that the only rational and more or less successful therapeutic method is constituted by a climatic treatment (including exercise), associated with over-feeding, as practised in the said locality. As to the struggle against consumption raging amongst poorer or working classes of the community, any good results can be secured only by a substantial improvement in the people's sanitary conditions, and by a simultaneous wide popularisation

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of our knowledge concerning infection and effective means for its prevention. **Valerius Idelson.**

GUYER (Zürich).—**O'Dwyer's Intubation of the Larynx.** *Corresp. Bl. für Schweizer Aerzte*, 1889, *No.* 7.

THE author agrees with the inventor that intubation must be looked upon as a very useful manipulation in many cases, and can often be performed in place of tracheotomy. He describes the operation, its dangers and applications. He has operated in twenty-seven cases of acute diphtheritic stenosis, and thirteen of those were cured. It is only applicable to asphyxic cases, which without its performance must have been tracheotomised. He has also applied it in cases of difficult *decanulement* after tracheotomy, and has so made it possible to remove the cannula. In an appendix Dr. v. Muralt, who had formerly written against the operation, now admits that by such successes he is convinced of its benefit. **Michael.**

RANKE.—On Intubation of the Larynx. *Münchener Med. Wochenschr.*, 1889, *Nos.* 28, 29, 30.

THE author reviews the history of intubation, describes the instruments, and relates his own experiences with the method. He has performed the operation in forty-four cases. In fifteen cases of secondary diphtheria, following measles or scarlet fever, fourteen have died, and one was cured. In twenty-nine cases of primary diphtheritic stenosis, nine were cured. In two of the cured cases it was necessary to perform tracheotomy after intubation. Two cases of chronic laryngeal stenosis also were treated by intubation. One of them, a stenosis from granulations, is cured ; the other, congenital papilloma, is improved, but cannot yet dispense with the tube. The author then speaks of the indications and contra-indications of the method, and gives a table of his forty-four cases. **Michael.**

EICHBERG, I. (Cincinnati).—**Intubation twice successfully performed in the same Patient.** *Med. Record, March* 30, 1889.

THE patient was a little girl, four years of age, and she was first intubated for croup, the tube being kept *in situ* for eight days. A good recovery was made. Eleven months later the child had a second attack of croup, and intubation was again performed, and again a good recovery was made. **R. Norris Wolfenden.**

ROUGE (Hungen).—**Treatment of Diphtheria by Arrac.** *Deutsche Med. Wochenschr.*, 1889, *No.* 29.

THE author has treated forty cases by the internal use of arrac with good results. **Michael.**

HOLT, EMMETT.—Laryngeal Diphtheria without Loss of Voice. *N. Y. Med. Jour., January* 19, 1889.

A CASE ending fatally, and recorded by the author at the New York Pathological Society (December 26, 1888). There had been no loss of

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voice, no laryngeal dyspnœa, and nothing that would lead one to suspect croup, although false membrane extended over the epiglottis, larynx, and trachea. The membrane covering the cords and lower part of the larynx was thin and not very adherent, and it was loose in the trachea. No membrane was found in the lower trachea or large bronchi, but at the third and fourth subdivision it reappeared abundantly, but was present in the small bronchi only on the right side. The child died of broncho-pneumonia on the sixth day. (Dr. Northrup mentioned that he had found the whole interior of the larynx, including the vocal cords, thickly coated with diphtheritic deposit, in a child, without giving rise during life to any symptoms of dyspnœa, cough, or altered voice.) **R. Norris Wolfenden.**

SCHÜTZE (Osnabrück). — **Mania cured by Pharyngeal Diphtheria.** *Arch. für Psychiat*, 1888, *Heft* 1.

A PATIENT, twenty-seven years old, had a typical mania. Under the influence of an acute febrile pharyngeal diphtheria the mania was cured in a short time. Similar cures are often observed under the influence of acute febrile affections. **Michael.**

SCHÖNFELDT.—Multiple Sclerosis of the Brain and Medulla Spinalis in Children following Diphtheria, with description of two Cases. Inaugural Dissertation. *Berlin.*

VERY exact description of two cases. **Michael.**

SCHILLING (Nürnberg).—**Treatment of Whooping Cough.** *Münchener Med. Wochenschr.*, 1889, *No.* 29.

THE author has applied inhalations of chloroform with good results. **Michael.**

COOPER, C. H.—Scarlatina in its Relation to Cow's Milk at Wimbledon and Merton. *British Medical Journal, January* 12, 1889. (A Paper read before the Epidemiological Society of London, December 12, 1888).

NUMEROUS attacks of scarlatina and sore throat were found to depend upon the supply of milk from cows which, on examination by Mr. Power, "appeared to be recovering from affections of the skin and udder very "similar to the malady reported on by Dr. Klein, as having occurred "amongst certain cows at Hendon." Some interesting details regarding the outbreak are given. **Hunter Mackenzie.**

MOUTH, TONGUE, PHARYNX, &c.

PARKER, RUSHTON (Liverpool).—**Case of Cheiloplasty.** *Liverpool Medico-Chirurgical Journal, July*, 1889.

THE whole movable lower lip was removed for a large epithelioma, along with the sub-maxillary lymphatic glands. The plastic operation consisted

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