Smyrna tobacco is present in excess, the throats of some persons, if not all, will be injuriously affected.

Physicians are recommended to watch the effects upon the throat of their patients of cigarette smoking, and if unpleasant symptoms are observed, to substitute Turkish or English for Egyptian tobacco.

Hunter Mackenzie.

MURRAY, R. D. (India).—**A Case of Sporadic Scarlet Fever, Originating De Novo.** *Lancet, October* 27, 1888.

BESIDES narrating this case, the author refers to three others formerly reported by him (*Indian Medical Gazette*, May, 1876), one of which was an example of scarlatina maligna with sloughing of the throat, which rapidly proved fatal.

Hunter Mackenzie.

CALATREVENO.—Whooping-Cough and its Treatment. *Revista de Medicina y Cirugia Prácticas, January* 7, 1889.

THE author read a communication to the Medical Congress of Barcelona, in which he remarked, "Whooping-cough is not an exclusive disease of "children; adults also suffer it. It is contagious, and it is believed that it "is produced by a fungus; moist, heat, and sudden changes of temperature "favour the outbreak of the disease. Feeble, scrofulous, and lymphatic "persons are those who contract it more easily. It is not fatal by itself, "but it may be so from its complications or consequences. Of these the "most dreadful are hæmorrhages of various organs, especially auricular, "which indicate the rupture of the tympani membrane." He claims that change of climate, extract of belladonna, inhalations of soda benzoate, insufflations of quinine and coffee through the anterior nasal openings, and antipyrin in doses of 1 centigramme a day for every month of the age of the patient, are the best therapeutic measures.

Ramon de la Sota.

DIPHTHERIA.

AIRY (London). — **Epidemic Diphtheria at Buxted and Maresfield, Sussex.** *Lancet, September* 1, 1888. (From a Report to the Local Government Board.)

"THE story is an oft-repeated one, in which a large proportion of attacks "could not be perfectly traced to any definite source; whereas, in other "cases, personal infection, and this especially in connection with school "attendance, was the principal means of conveying the infection. In "some cases, too, conveyance of the poison seems to have been due to "clothing belonging to infected families, and this although the garments "were not worn by children who had been themselves attacked. "Numerous sanitary defects were discovered during the course of the "inquiry, and investigation was made as to the possible influence of milk

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"supplies and other conditions in the distribution of the infection ; but no "sufficient explanation of the occurrence was forthcoming."

Hunter Mackenzie.

GRIFFITHS, H. T. (London).—**One Lustrum of Diphtheria at St. George's Hospital.** *Lancet, July* 14, 1888.

DURING the years 1882-86 ninety-one cases of diphtheria were admitted into St. George's Hospital, and in fifty-eight of these tracheotomy was performed. The mortality over the whole of the admissions was 83·6 ; over the cases of tracheotomy, 96 per cent.

The author quotes the following statistics of other hospitals :—St. Thomas's (1881-85), 194 admissions, mortality, 53 per cent. ; 106 tracheotomies, mortality, 74 per cent. Hospital for Sick Children (in a little less than five years), 66 tracheotomies, mortality, 62 per cent. St. Mary's (four years), 66 cases, mortality 61 per cent.

The author attempts to answer the question, Why this high mortality after tracheotomy ? The elements of success depend upon several factors —early operation, careful nursing, and removal of membrane when possible. The author does not believe in warm, *moist* air, but advocates warm, *dry* air before tracheotomy has been performed.

The author does not think that intubation will supplant tracheotomy, as its performance requires more readiness of hand, and demands more practice than the other operation. **Hunter Mackenzie.**

LAMARTINE.—Diphtheria in an Adult. Sudden Asphyxia by detachment of False Membrane. *Loire Médicale.* Dec. 1888.

A GIRL of twenty-one was brought into the hospital with an attack of urgent dyspnœa. Nothing could be determined from the state of the pharynx, but there was left broncho-pneumonia, and albuminuria. The voice was raucous and muffled. In the evening the patient expectorated some false membranes and was better, but died suddenly in the night when trying to drink. At the autopsy false membranes were found in the larynx and trachea, and one of 2 millimètres thickness was discovered over the bronchial bifurcation, so placed as to obstruct both bronchi.

Joal.

EDITORS OF "LANCET" (London). — **The wanton spread of Diphtheria.** *Lancet, July* 21, 1888.

AN annotation referring to the "pernicious practice" of taking children to see and even kiss their playmates when dying or dead of infectiou diseases.

Dr. Fussell, Eastbourne, refers to two instances in which outbreaks of diphtheria were distinctly traced to this practice. **Hunter Mackenzie.**

EDITORS OF "LANCET" (London).—**Diphtheria and Cow Disease.** *Lancet, August* 4, 1888.

AN annotation referring to an epidemic of diphtheria in Moulsham, Essex. A careful investigation was made by Drs. Downes and Bodkin, and the following conclusions were arrived at :—(1) That certain cows have been

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suffering from a disease, which caused small eruptions on the udder; (2) that persons using this milk have been affected with diphtheria in a modified form; (3) that other members of the same family using other milk have not been affected; and (4) that when the cows in question recovered, their milk ceased to be injurious. **Hunter Mackenzie.**

WRIGHT, ALFRED (Romford).—**Diphtheria and Scarlet Fever.** *Lancet, July 28, 1888.* (From a Report as Medical Officer of Health.)

THE opinion is expressed that there is a special connection between these two diseases, several cases of diphtheria having been noticed which appeared to have their origin in cases of scarlet-fever and *vice versâ*.

(This opinion is at direct variance with that of Dr. Barnes, Eye, Suffolk, who has shown that a marked contrast exists between these two diseases in regard to *habitat* and method of outbreak.—*Journal of Laryngology and Rhinology*, Vol. III., p. 61.—H.M.) **Hunter Mackenzie.**

GROVES (Isle of Wight).—**Diphtheria.** *Lancet, July 28, 1888.* (From a Report as Medical Officer of Health).

THE gradually increasing death-rate is viewed as "being mainly due to "diphtheria, which, in its passage across the island, has settled down in "a number of localities, where it has found conditions favourable to its "development and maintained vitality." **Hunter Mackenzie.**

LENNANDER, K. G. (Sweden).—**Studies on the Relation between Croup and Diphtheria.** *Upsala Laekareförenings Förhandlingar. Vol. XXIII., p. 245, 1887.*

THE author comes to the following conclusions, based upon his own and other observations:—Croup is a group of symptoms, which is neither etiologically a specific disease, nor anatomically dependent upon specific morbid alterations of the mucous membrane of the larynx (catarrh, croup, or diphtheria). Catarrhal, croupous, and diphtheritic inflammation can produce symptoms of croup, but can also exist without these symptoms. Symptoms of croup exist most frequently in diphtheria, appear now and then during scarlatina, morbilli, variola, etc., but can also depend upon causes of no infectious origin, such as pure catarrhal, mechanical, chemical, and mercurial irritations of the mucous membrane of the larynx. **Holger Mygind.**

BLAXALL (London).—**Diphtheria at Midsomer Norton.** *Lancet, October 27, 1888.* (Report to the Local Government Board.)

SOME indications were present that "a series of throat affections which "were locally regarded as 'mumps,' formed the connecting links between "the several attacks and outbreaks of the well-known disease, and Dr. "Blaxall suggests whether these may not have taken their place in a "progressive development from so-called sore throat into true diphtheria."

As a result of the enquiry, the infection could be traced back a certain number of stages, after which all clue was lost, and nothing definite could be proven as to the etiology of the disease. **Hunter Mackenzie.**

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GONZALEZ DEL VALLE.—Remarks upon Diphtheria. *Siglo Médico, Madrid, October* 7, 1888.

IN an article designed to show the deficiency of our present knowledge regarding diphtheria, Gonzalez says that until it is clearly manifested what is the ferment given off by the microbe, and until the series of chemical evolutions, which must be determined to produce the membrane of the disease, be demonstrated, and it be clear whether the normal secretion of the mucous membrane, where the parasite lodges, is the fermentative substance, or if it is the same mucous membrane, and the functions of the muciparous glands existing in the place elected by germs be examined with attention, we shall not be able to act with certainty in this disease. **Ramon de la Sota.**

PULAWSKI.—Contribution to the Treatment of Diphtheria. *Gazeta Lekarska, No.* 36, 1888.

THE author recommends repeated insufflations of iodoform, with employment of alcohol. He has thus treated seventeen cases with excellent result, two of which were grave. This method is particularly applicable to the cases occurring in the poorer classes. The author is of opinion that though iodoform does not kill the microbes, it opposes the production of ptomaines. **Constantin Karwowski.**

OSUNA.—Five cases of Diphtheria treated with Pilocarpine. *Andalucia Medica, Córdoba, December* 30, 1888.

OSUNA, after making trial of various methods recommended for diphtheria, and experiencing a mortality of more than 80 per cent., administered pilocarpine in five cases, according to the formula of Dr. Brú, and, notwithstanding the pretended efficacy of this *specific*, only two cases recovered, the other three dying from asphyxia. **Ramon de la Sota.**

PARKER, ROBERT, W (London).**—Some Moot Points in the Surgical Treatment of Diphtheria.** *British Medical Journal, September* 22, 1888. (A paper read in the Section of Diseases of Children at the Annual Meeting of the British Medical Association, 1888.)

A SUMMARY of the operative measures in the treatment of diphtheria, which contains nothing new. A discussion followed in which Drs. Ranke (Munich), Gairdner (Glasgow), Cameron (Huddersfield), Robertson (Glasgow), and Mr. Lennox Browne (London) took part.

Hunter Mackenzie.

PEINADO.—Must we Accept or Reject Caustics in the Treatment of Diphtheritic Sore Throat? *Gaceta Médica de Granada, October* 15, 1888.

THE author rejects caustic substances, when not only is the mucous membrane involved, but the contiguous tissues and numerous glands with adynamic fever, but he advises them when the affection is limited to the mucous membrane, and it does not exhibit general symptoms. The caustic which he prefers is a solution of iron perchloride 30°, which he applies every eight or twelve hours, according to the cases.

Ramon de la Sota.

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NEALE, RICHARD (South Hampstead) — **Diphtheria and Diabetes.** *British Medical Journal, September* 15, 1888.

REFERENCE is made to a case published in 1884 by Dr. Allbutt, Leeds, who states in his communication that the relation between the two diseases is far from being unknown. **Hunter Mackenzie.**

JACOBI, ABRAHAM (New York). — **Remarks on the Nature and Treatment of Diphtheria.** *British Medical Journal, September* 22, 1888. (A Paper read in the Section of Diseases of Children, at the Annual Meeting of the British Medical Association, 1888.)

THE specific microbes of diphtheria have not been isolated. Still, it is probable that the disease never arises spontaneously, any more than scarlatina or cholera does. Its virus is very tenacious, and no spontaneous generation is required to explain its ravages. It avoids healthy surfaces, and there is one normal condition only which admits it, namely, the interstices between the epithelium of the tonsils.

Fatal laryngeal diphtheria is rare after puberty. Amongst the 600 tracheotomies of the author, there were but two after that period. It has been met with in the newly-born, but few of its victims are less than ten months old. Change of temperature and dry air, particularly furnace air, are predisposing agents. A disposition to it may be present in families, probably owing to their large tonsils and vulnerable mucous membrane. "Those who have had diphtheria once are more liable to have it again, "either through permanent alterations in the mucous membrane and "tonsillar tissue, or through storage of some virus in a lymph body, and "auto-infection from that receptacle."

The pathognomonic symptom of diphtheria is its membranes; all other symptoms and features are subordinate to it. The character of this membrane depends to a great extent upon its locality. Where elastic tissue is present to a large amount, an antagonism to diphtheritic impregnation is maintained for a long time, *e.g.*, in the trachea, and the follicles of the tonsils.

Pavement epithelium yields a firm footing to diphtheritic changes; ciliated epithelium is not so easily affected; the muciparous glands prevent extensive destruction of the tissues, owing to the secreted mucus macerating and removing the fibrinous exudations.

The author answers the question, "Does membranous croup occur apart from diphtheria?" by saying that membranous croup is simple local and laryngeal diphtheria. Croup is spoken of as descending (from the fauces) or ascending (from the bronchi); the latter is most formidable.

Diphtheria ought to be distinguished from stomatitis follicularis, which sometimes has greyish superficial ulcerations; from erysipelas of the fauces, which has no membrane; and from abscesses. Suppuration (of the tonsils) may be present in diphtheria, as first pointed out by Fraenkel, but it is rare.

There is no difference between the membranous sore throat of scarlatina and diphtheria. The author has seen diphtheria without scarlatina contracted from a patient with scarlatina, and scarlatinal "pseudo-membrane."

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The author records his conviction that many of the cases of so-called follicular tonsillitis are of a diphtheritic nature. The diagnosis of diphtheria is easy when the white follicular points are seen to coalesce and form a membrane. The "herpetic angina" of the French is frequently merely diphtheria. Punctated diphtheria is found in adolescents and older children who have frequently suffered from throat diseases. This is explained by the fact that every new attack of inflammation or suppuration has ended in the production of fresh connective tissue; then an invasion of diphtheria can but rarely form a large membrane on account of the compression of the lymph and blood vessels, and the replacement of the mucous membrane and its epithelium by cicatricial tissues. A good deal of this mild, punctated diphtheria is found out of doors—in the street. Though mild in one, it may prove "murderous" in another.

"Is the presence or absence of fever of any value in the differential "diagnosis of the different forms of amygdalitis – catarrhal, fibrinous, sup- "purative, and diphtheritic?" "Every morbid process, catarrhal or "diphtheritic, which is limited to the surface of the tonsil need not be "feverish at all." This is because in such surface affections there is neither copious lymph communications with the system, nor nerve irritation by pressure or tension. The same applies to the vocal cords.

After some observations on treatment, the author proceeds to state his method of dealing with heart failure, and to make some remarks on the bichloride of mercury in the disease.

Heart failure is usually developed gradually. It is indicated by an increase in frequency and weakness of both heart-beats and pulse, by an occasional intermission, by unequal frequency of the beats in a given period (say ten seconds), or by the equalization of the interval between the systole and diastole, and diastole and systole. The latter is an ominous symptom. Heart failure may develop with or without warning, and there is no case of diphtheria, except, perhaps, those of the mild tonsillar form, but ought to make us afraid. Cardiac stimulants are indicated, and their administration ought not to be postponed until feebleness and collapse have set in. They ought to be given early, especially in those cases in which antipyrin or antifebrin has been administered. Digitalis, or sulphate of spartein if rapid action be wanted, may be given. The dose of the latter is one-tenth grain four times daily as a matter of precaution, or every hour or two hours in an emergency, to an infant one year old.

Alcoholic stimulants ought to be given early and freely. A few ounces daily may suffice, but the author has often seen ten ounces daily of brandy or whiskey save children who had been doing badly with three or four. There is no danger or intoxication from them in such septic diseases as diphtheria; caffein, camphor, strychnine or Siberian musk may be given. Siberian musk in thin mucilage is the very best internal stimulant. Ten or fifteen grains ought to be given to a one or two year old child within three or four hours; if this does not restore the heart's action, the prognosis is very bad.

Mercury is the most useful internal remedy. The smallest daily dose of the bichloride ever given by the author in the beginning was fifteen milligrammes ($\frac{1}{4}$ grain) to a baby four months old. Half a grain daily

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may be given to children of from three to five years: the doses vary from one-sixtieth to one thirtieth, freely diluted with milk or water. The author has great faith in the efficacy of the bichloride of mercury in this disease.

Hunter Mackenzie.

JOHANNESSEN (Axel).—**The Appearance of Diphtheria in Norway.** *Christiania Videnskalesse'skabs Forhandlingar*, 1888, *No.* 1.

THIS valuable work, of which space only permits a short abstract, is based upon large statistics, and gives a comprehensive description of the appearance of diphtheria in Norway from 1803-1884. During this period there have been four great epidemics in Norway, between each of which diphtheria has been of very little importance; they have all been contemporaneous with the extensive epidemics prevalent in the greater part of the world, and all spread from several *foci*, having especially prevailed along the coast, being propagated to a great extent through the fisheries and the shipping trade. Epidemics of croup have been closely connected with the epidemics of diphtheria, and from this and other reasons the author considers croup as diphtheria localised in the larynx. There seems, however, in many localities to have been the reverse relation between the frequency of diphtheria and croup, and the latter disease has shown a tendency to reach its climax earlier after the commencement of the epidemic than diphtheria. Croup was also more frequent in large towns than in the country.

The time of incubation observed varied from a few hours up to three days, and was very rarely longer. The disease was spread mostly by fishermen, sailors, and travellers, often without they themselves taking it, and not unfrequently the contagion was dormant for a long period.

Out of 100 individuals attacked by diphtheria in Norway during this century, 61·4 were children, and 38·6 adults. Of the whole population 1·8 pro mille children and 0·6 pro mille adults took the disease, according to which diphtheria has attacked comparatively more adults in Norway than in any other country except Ireland. Croup of course prevailed mostly amongst children, only 2·3 amongst 100 individuals attacked being adults. The different sexes showed a different susceptibility to diphtheria and croup, diphtheria prevailing more amongst women, and croup more amongst men; but, on the other hand, the mortality of diphtheria was greater amongst men than amongst women, while the relation was the reverse in croup. The mortality of the population in diphtheria was the same in this country as in the towns, while the mortality of the population in croup was considerably greater in the towns.

Diphtheria and croup appeared with greatest frequency from November to January, and the contrast between the cold and warm season was much more pronounced as regards croup, which seems to show that the localization of the diphtheritic process to the larynx is more dependent upon the influence of the season. The epidemics of diphtheria and croup, however, very often commenced in the summer and the autumn. South and south-east winds are, amongst medical men in Norway, generally considered to have influence on the propagation of the epidemics a connection, however, which the author was unable to corroborate.

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Diphtheria was reported not unfrequently to have attacked the same person more than once, and sometimes a special susceptibility was reported to have existed in certain families. This susceptibility need not be the result of a special individual want of resistance, but might also be owing to the circumstance that the same bad hygienic conditions (amongst which the author lays great stress upon the existence of hot and dry air) exert their influence upon the individuals belonging to the same family.

An interesting chapter is devoted to the frequency of palsies accompanying epidemics in Norway. The different epidemics have had a very different tendency to produce palsies during convalescence from diphtheria, the frequency of palsies varying from 50 to none out of 100 individuals attacked. Palsies often followed after slight cases of diphtheria, and were also observed to follow diphtheritic processes localized in other parts than the throat; and the frequency of palsies did not correspond to the intensity or extent of the epidemics. **Holger Mygind.**

CALDWELL (Chicago).—**Report of Seven Cases of Diphtheria treated with a Spray of Hydronaphthol, Papain, and Hydrochloric Acid.** *Archives of Pediatrics, February*, 1889.

THE treatment of these cases consisted in (1) keeping the bowels open; (2) injection of 2-6 ounces of milk every two hours; (3) spraying the throat every hour until temperature is reduced and breathing easy; then every hour, unless asleep, with the following mixture:—

R. Papain ʒ ii.
Hydronaphthol gr. iii.
Acidi Hydrochlor dil. gtt. xv.
Ag. destill. ad ʒ iv. M.

The addition of four drachms of glycerine increases the solubility of the papain. Of the seven cases, three were "so mild that it is probable the course would have been the same without treatment." One was already moribund when first seen, which reduces the number to three cases, in which the effects of the treatment could be noted. In these cases the temperature seems to have been remarkably reduced (from 103°-99°) by the continuous spraying, (?) and all the children made good recoveries.

R. Norris Wolfenden.

KRAUSS (Altica, New York).—**On the Pathological Anatomy of Diphtheritic Paralysis.** *Buffalo Med. and Surg. Journal, January*, 1889.

THE case recorded has been microscopically examined by the author in the laboratory of Professor Mendel, Berlin. The patient, a girl of eleven, died from severe diphtheritis, and special examination was made of the nuclei of the oculo-motor, the abducens, facial and hypoglossal nerves, of the intra-cerebral roots of the same, and of the blood vessels.

The ganglionic cells of the various nuclei were found to be in a normal condition as to size, number, form, and contents. The nerve fibres, and especially the intra-cerebral oculo-motor, were markedly changed. A small number of axis cylinders were destroyed; some were irregular, and others had lost their sharp contours. The myeline had become chemically altered, so that it took the stain in part. This was especially the case in

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specimens stained with ammonia, carmine and picro-carmine. The capillaries, small and large arteries, were engorged, giving to the preparations the appearance of a vascular new growth. The veins in the floor of the fourth ventricle were, however, empty, and their walls collapsed. There was remarkable diapedesis of blood corpuscles, and there were many small hæmorrhages into the pons. There was much accumulation of blood corpuscles in the perivascular spaces.

The larger hæmorrhages were visible to the naked eye, and especially near the intra-pontile course of the nerves, and near the origin of the left oculo-motor, along the roots of which hæmorrhages had taken place ; also along the sulcus oculo-motorius, and the intra-pontile course of the abducens and trigeminus. The general results of this investigation showed—

1. Normal nuclei of cranial nerves.
2. Degeneration in part of the oculo-motor.
3. Hyperæmia, diapedesis of blood corpuscles, and hæmorrhages of various proportions.

They agree with those of Mendel published in the *Neurologisches Centralbratt*, 1885, *No.* 6. **R. Norris Wolfenden.**

MOUTH, TONSILS, PHARYNX, &c.

VAUGHAN, ARTHUR E.—Papilloma of Cheek. *British Medical Journal, September* 1, 1888.

THE growth, which was situated on the buccal mucous membrane, was removed with scissors, and its seat of attachment cauterized with the solid nitrate of silver. A slight scar alone remains.

The author refers to the absence of all mention in surgical works of papillomata in this position. **Hunter Mackenzie.**

ACKLAND, W. R. (Clifton).—**Papilloma of Cheek.** *British Medical Journal, September* 15, 1888.

THE writer says that the papilloma of cheek recorded by Mr. Vaughan, of Crewe (*vide supra*) appears to be very similar to the inflammatory growths caused by the irritation of the sharp edges of broken teeth.

Treatment—smooth the edges. **Hunter Mackenzie.**

KAMEN.—Bacilli of Syphilis in the Sputum. *Internat. Klin. Rundschau, Nos.* 2 *and* 3, 1889.

THE author relates a case of hereditary syphilis in a patient nine years old, with syphilitic pulmonary affection. The great interest of the case lay in the examination of the sputum. Bacteriological examination showed that tubercle bacilli were absent, but examination by Giacomi's method gave positive results, and the red-stained micro-organisms were found in the cells, identical with those described by Lustgarten as syphilis

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