patient uses for that purpose, he can be taught to apply a Politzer's douche, which often is a great relief to him. When the secretion in the nose is very scanty, I found the internal administration of iodide of potassium in solution (1 to 2 grammes *de die*) very useful. Sometimes I prescribe the liq. chlor. ferri, 5 to 10 drops, three times a day internally, and 2 to 10 drops in a tumberful of 1 per cent. salt solution for syringing the nose. Of course, the individual predilection and habit of each medical man will make him take different ways of arriving at the same end, the cure of the patient. And this will be attained in a great number of cases. According to my experience, the prognosis is very good on one condition, and that is, that we have to do with real acquired aprosexia, and not with cases of congenital idiocy even of a slight degree. I say this because parents having heard of aprosexia, are very prone to consider their weak-minded children as suffering from that disease, and to make to themselves illusions as to the result of the treatment. It is very important not to indulge in these illusions in any case where the inability to do mental work is congenital, even when we see such children having nasal obstruction and breathing through the mouth. But when it is ascertained that the patient has a good intellect, and that the development of his aprosexia has coincided with nasal obstruction and breathing through the mouth, then there is hope; and in such cases I would like to make a variation on the words made popular by Catlin, "Shut your mouth and save your life," and to say: "Shut your mouth and save your brain."

THERAPEUTICS, DIPHTHERIA, &c.

JELENFFY (Budapest). — **A New Nasal Speculum.** *Berl. Klin. Wochenschr.*, 1889, *No.* 38.

THE author describes a new nasal speculum, which can be fixed on to the forehead of the patient, so that the operator has both hands free. The speculum does not cover the space under the nose. **Michael.**

SANDBERG, A. G. (London).—**Poisoning by White Precipitate.** *British Medical Journal*, *March* 30, 1889.

THE patient, a woman aged forty-eight years, took by mistake 20 grains of white precipitate for sal-ammoniac. She soon complained of a burning sensation in the throat; at the end of thirty-six hours the mouth became sore, and the saliva flowed freely. After forty-eight hours the gums became very swollen and covered with a grey fur, and ulcers appeared on the inside of the lips and cheeks. Mercurial stomatitis rapidly developed and reached its climax on the fourth day: the lips, cheeks, and tongue were very swollen, and there were extensive brawny swellings over the parotid and sub-maxillary regions. Numerous ulcers developed on the

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inside of the lips and cheeks, and under the tongue. Saliva excessive, and breath fœtid. Recovery under washes of Condy's fluid and chlorate of potash, and the internal administration of chlorate and iodide of potash, with careful feeding. **Hunter Mackenzie.**

BURGHARD (Wien).—**Treatment of Diphtheria.** *Wiener Med. Wochenschr.*, 1889, *Nos.* 39, 40.

RECOMMENDATION of insufflations of chinin muriat. and flores sulphuris. **Michael.**

HENOCH.—On Diphtheria. *Verein für innere Medicin in Berlin, Meeting, October* 14, 1889.

THE author reports upon 192 cases observed in the Charité during 1886-87. He eliminates two classes—(1) The cases in which differential diagnosis cannot be made between angina follicularis and diphtheria. (2) Diphtheria scarlatinosa. Doubtful cases occur very often in private practice, and often are cured without any certain diagnosis. Of the 192 cases, 110 were localized on the pharynx, in 82 the disease progressed to the larynx. Of 70 tracheotomized children, nine—*i.e.*, 13 per cent.—were cured. Fever was often absent even in bad cases. Only in five cases did suppurating submaxillary glands occur. Albuminura was frequent, but is not of such bad prognosis as in scarlatina. Paralyses were observed in some cases. Many new remedies were tried without effect. The best results were obtained with acetic acid, as recommended by Engelmann. The publications of the *Reichsgesundheitsamt* prove that German diphtheritic epidemics are of very malignant nature. **Michael.**

CANE, LEONARD (Peterborough).—**The Treatment of Diphtheria by Salicylic Acid.** *British Medical Journal, April* 26, 1889.

THE author recommends the local use of salicylic acid dissolved in liq. ammon. acetat., or the salicylate of soda (3 ozs. to aq. ℥viij). **Hunter Mackenzie.**

HINTON, JOSEPH.—Treatment of Diphtheria. *British Medical Journal, April* 20, 1889.

THE author recommends the following local application :—℞—Acidi carbolic ℈ii. ; liq. ferric perchlor. ℥i. ; acidi sulphuros. ℥vi. ; glycerini ℈i. Misce. et fiat pigmentum. **Hunter Mackenzie.**

WICKS, W. CAIRNS (Newcastle-on-Tyne); **THOMSON, W. SINCLAIR** (London).—**The Treatment of Diphtheria.** *British Medical Journal, April* 13, 1889.

THE former recommends the local application, by brush or spray, of carbolic acid one part, sulphurous acid three parts, solution of perchloride of iron and glycerine four parts. The latter recommends the use of carbolized iodine solution and iodised phenol (see Martindale's Pharmacopœia). The solution without glycerine acts more quickly and more energetically. **Hunter Mackenzie.**

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JONES, TALFOURD (Brecon).—**Diphtheritic Gastritis or Gastric Diphtheria.** *British Medical Journal, April* 20, 1889.

NOTES of a case of diphtheria of the fauces and larynx, in a child aged two years and ten months, in which a croupous membrane was found lining the whole of the interior of the stomach. **Hunter Mackenzie.**

LORD, F.—Tracheotomy in Diphtheria. *British Medical Journal, March* 16, 1889; *Southern Branch, British Medical Association, February* 21, 1889.

THE author advocates early tracheotomy, and the employment of skilled attendance during the after treatment. **Hunter Mackenzie.**

JAKINS, PERCY.—A Case of Intubation. *British Medical Journal, April* 20, 1889.

A SUCCESSFUL case in a child, aged five years, the subject of œdematous laryngitis following measles. **Hunter Mackenzie.**

INGLOTT, G. F. (Malta).—**Counter-Irritation in Whooping Cough.** *British Medical Journal, April* 20, 1889.

COUNTER-IRRITATION is applied to the pneumo-gastric between the mastoid process and the angle of the lower jaw. Only one illustrative case is recorded. **Hunter Mackenzie.**

MOUTH, TONGUE, PHARYNX, &c.

CUMMINS, ASHLEY (Cork).—**Primary Specific Sore of Lip.** *British Medical Journal, April* 6, 1889; *Cork Medical and Surgical Society, March* 27, 1889.

A WATER-COLOUR sketch of this was shown. The patient, a young girl, got inoculated through kissing. Secondary symptoms and a large submaxillary bubo developed. **Hunter Mackenzie.**

HASLAM (London).—**Successful Treatment of Epitheliomatous Growth of the Lip, after Recurrence.** *British Medical Journal, April* 20, 1889; *Medical Society of London, April* 15, 1889.

EXHIBITION of case. The disease had recurred twice; at the last operation it was found necessary to remove part of the bone.
Hunter Mackenzie.

LONDON, A. A. (Australia).—**An Infant with Two Mouths.** *Australian Medical Gazette, March*, 1888.

THE two mouths were not completely separated from each other, and communicated with a common pharynx. The tongue was double, but the larynx was single. **Hunter Mackenzie.**

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