inhalations, and later on her larynx was locally treated twice a day. Only a slight diminution of temperature was obtained; but as the treatment was persevered with for a sufficient number of days without any aggravation of the disease, the author agrees with Dr. Cantani in the opinion that *bacterium termo* is innocent to man.

RAMON DE LA SOTA.

BASSOLS Y PRIM (Barcelona).—**On Compressed Air in Tuberculosis.** *Gaceta Médica Catalana*, No. xxiii., Ano. 80.

USING for two months inhalations of compressed air in the case of a man affected with tubercles in his larynx and lungs, the thoracic affection was cured, without, however, the larynx undergoing the slightest modification. The author studies the effects of inhalations of compressed and rarefied air, and he concludes that the latter must be used at the beginning of tuberculosis, when patients preserve a certain degree of vigour, and the former in tuberculous patients who are attenuated. RAMON DE LA SOTA.

DIPHTHERIA.

GRASSMONT, GILLET DE.—Observation on Diphtheria transmitted from the Throat to the Eye, and reciprocally. *Journ. de Méd., May* 8, 1887.

A CHILD, fifteen months of age, was attacked with ocular diphtheria, which was communicated to him by a brother, five years of age, at the time suffering from a diphtheritic angina which ended fatally. The mother in attending to the youngest child (suffering from ocular diphtheria) was herself attacked with a diphtheritic angina. JOAL.

SCHENKER.—Treatment of Diphtheria. *Correspondenzblatt für Schweizer Aerzte*, No. 18, 1886.

RECOMMENDATION of the treatment of Delthil and internal use of turpentine. MICHAEL.

ENGELMANN.—On the Antiseptic Effect of Acetic Acid and its Application in the Treatment of Diphtheria. *Centralblatt für Klin. Med.*, 1886, No. 14.

A RECOMMENDATION of the local treatment of diphtheria with acetic acid. MICHAEL.

LEWENTAUER (Constantinople).—**The Use of Rectified Oil of Turpentine in Diphtheria and Croup.** *Centralblatt für Klin. Med.*, 1887, No. 3.

ONE case treated with turpentine with good result. MICHAEL.

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BONAMY.—A New Trial of Vaporizations of Infusion of Eucalyptus in Diphtheria. *Bulletin Thérapeutique, April* 30, 1887.

THE author relates nine cases of diphtheria, of which five were diphtheritic angina, and all cured; four anginas and diphtheritic laryngitis operated upon, with two cures and two deaths. Besides the local application of citron juice to the spots involved, and the administration of chlorate of potash internally, eucalyptus infusion was employed in vapour. Sixty grammes of eucalyptus leaves were added to a litre of boiling water, and the atmosphere of the room so saturated with the vapour that it condensed on the windows. The room temperature should be kept at 18° to 22° C. The author claims that these vapours have a solvent action on the false membrane, the fibrinous exudation appears to dissolve, and the thick adherent membranes are transformed into a yellow deliquum, and are detached with ease on coughing. JOAL.

BELTRAN OBIOL (Valencia).—**Treatment of Diphtheria by Helenine.** *La Crónica Médica*, 1886.

AFTER relating the clinical history of a few cases of diphtheritic sore throat, the author arrives at the following conclusions:—

1. The treatment of diphtheria by helenine is the most useful, owing to its simplicity and harmlessness.

2. It is also one which succeeds in curing the greatest number of cases.

3. Cauterizations in diphtheria are pernicious.

4. The administration of helenine to diphtheritic patients prevents albuminuria.

5. The diphtheritic sore throat generally appears on the left tonsil.

6. Helenine is one of the most powerful antiseptic agents.

7. The result is dependent upon the period at which the medicament is first used. If on the first day of the disease the patients find themselves better, on the next day; but if not begun till the second day, the cure is delayed by two or three days; and six or nine days, if the medicament is not taken until the third or fourth day; finally, if diphtheria is already five or six days old, then helenine sometimes fails. RAMON DE LA SOTA.

CAMPÁ (Valencia).—**Clinical Annotations upon Diphtheria.** *La Crónica Médica*, 1886.

FROM its infectious nature the author believes that diphtheria is at first only a local disease. He has noticed several ways in which this affection begins:—

1st. Fulminant diphtheria. From the first moment there are some

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diphtheritic patches upon the tonsils, the pillars of the fauces, and the pharynx; erythema in the mucous membrane, with tonsillar and sub-maxillary thickenings. In other cases the fauces are healthy, and croupal cough is the first symptom observed; the diphtheritic patches are suddenly extended to the glottis and vocal cords, and death occurs in a short time.

2nd. Progressive, slow diphtheria. There is a preceding slight fever, which lasts two or three days. At the end of this time a diphtheritic spot appears upon the tonsils or the pillars, and it extends towards the mouth and the choanæ, or towards the larynx. In the latter case croup appears, with all its characteristic symptoms.

3rd. Hidden diphtheria. The symptoms on the first day are merely catarrhal—coryza, bronchitis, little or no fever, cough without special character, swallowing unaffected. The diphtheritic exudation begins in the nasal fossa, and it may very possibly be overlooked if the membranes are not extruded with the discharges. At last the patches extend into the pharynx, and the patient dies without croup, having slowly passed through the periods of the disease.

4th. Insidious form. There are catarrhal symptoms, great thickening of the sub-maxillary and parotid glands, fever of an undetermined character, and chilliness. After remaining a few days in this state, diphtheritic patches appear upon the pharynx; these extend suddenly into the larynx and trachea, and the patient then succumbs.

The author considers that the free forms are the mildest, and that difference in form depends upon the bodily predisposition of the subject. The size of the patches does not influence the intensity of the general infection. The gravity of this disease depends on the bodily resistance; and this is subject to the following law of progression: *from two years forwards the predisposition begins to show itself, and keeps increasing up to five years, a period at which it reaches its maximum, diminishing then according to the advancing age of the patient.*

With regard to treatment Campá has already given up strong cauterizations and all other destroying means. Now he limits himself to lime water, to solutions of sulphate of alumina, of boric acid, and corrosive sublimate. If absorption of the diphtheritic poison has not occurred this local treatment is sufficient, but if it has already taken place (evidenced by the thickening of the sub-maxillary glands), we must prescribe general treatment with alcohol, and quinine and iron in a soluble form (phosphate). If the larynx is involved, we must excite expulsion of the diphtheritic membranes by emesis. When, notwithstanding the use of these means, the patient

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becomes asphyxiated, we must resort to tracheotomy. Campá accepts it only as a last resort, and without expressing any great enthusiasm for it, he yet believes that we should always perform the operation in diphtheritic croup, in order to relieve respiration embarrassed by laryngo-stenosis, although the operation is not sufficient to avert death it general infection proceeds rapidly, or it the false membranes have already reached the trachea. RAMON DE LA SOTA.

RODON FIGUERAS (Barcelona).—**Treatment of Croup by Calomel in large Doses.** *Gaceta Médica Catalana*, No. xi., Ano. 80.

THE author recommends the administration of 50 centigrammes of calomel every hour, from the first appearance of laryngeal symptoms, since if the treatment is commenced only when the croup has reached the period of asphyxia a cure is not obtained. The hydrargyroses and the hydrohæmia rapidly obtained are factors which impede the formation of croupous exudation, and we attain this poverisation of the blood so completely that the author has been compelled to administer iron during the convalescence of all his patients, in order to attack the anæmia, the swelling of the face, the œdema and petechiæ, the presence of which has never been wanting.

RAMON DE LA SOTA.

CARBÓ VALLÉS (Barcelona).—**Differences between Diphtheritic Angina and Croup.** *Revista de Ciencias Médicas*, No. xxiii., Ano. 12.

FROM observations made on 150 patients treated by the author, he concludes that diphtheria and croup differ greatly in their symptoms and their etiology. From this he makes the deduction that the difference of treatment adopted by physicians in each of these affections is quite reasonable. RAMON DE LA SOTA.

VALERA Y GIMENEZ (Barcelona).—**Albumin in Diphtheria.** *Revista de Laringologia, Otologia y Rinologia, Marzo y Abril*, 1887.

THE author, from his own observations, concludes that albuminuria occurs in all diphtheritic patients, but that the quantity does not correspond to the gravity of the disease; and he considers it as a sign of secondary infection by the diphtheritic germ, which possesses amongst other things the power of separating albuminoid matters from the blood, and causing their excretion, also the property of assimilation, as a consequence of which they are eliminated by the kidneys as foreign bodies. RAMON DE LA SOTA.

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