vegetations, nasal polypi, hypertrophies of mucous membrane, deflections of the septum. The latter condition has called for much unnecessary interference. Asthma, sneezing, and hay fever are benefited by local treatment of the nose. The neglect of the general physician to look to the naso-pharynx in the course of the exanthemata is unpardonable, leading as it does to otitis media and deafness.

Affections of the posterior wall of the pharynx must be treated by constitutional measures as much as by local. Gout or plethora of the system lead to a granular condition of the pharynx and dilatation of vessels. The liver and stomach should be treated before local measures are adopted. Local treatment is abused in nervous cough. Nothing is so good as a sea voyage. Many cases of laryngitis are due to nasal obstruction. Any local measures in acute laryngitis beyond soothing inhalations are an abuse (?). Physiological rest is the great object to attain.

Malignant growths in the larynx should not receive local treatment. As soon as a diagnosis is made microscopically, the chances of operation should be discussed.

Active local treatment is required in innocent neoplasms.

The author deals with laryngeal phthisis. (We scarcely recognise under the name "M. Ehring," our *confrère* M. Heryng. The paper contains nothing new or original, being merely delivered to open a discussion at the meeting.) **R. Norris Wolfenden.**

DIPHTHERIA.

MARIANI.—Can Two Forms of Diphtheria be distinguished as to Prognosis? *Rev. Medica Vasio-Navarra*, June, 1888.

In a communication read by Mariani to the Congress of Gynecology held in Madrid, he drew the following conclusions :—1st. Diphtheria is a primary general infection with local manifestations which have their place of selection. 2nd. In diphtheria there is a severe, rapid, and fatal form, which neither yields nor modifies itself under any treatment. 3rd. There is a slight attenuated form, if one can call it so, which is curable by several means, and also spontaneously, as some physicians suppose. 4th. The general treatment must be regarded as the principal end of the physician, and in this sense oxalic acid is likely to give excellent results. 5th. The local treatment must be simple, by avoiding, as far as possible, any worrying of the patient with energetic measures or too frequent applications, the uselessness and also the dangers of which are completely acknowledged. **Ramon de la Sota.**

JACUBOWITSCH (St. Petersburg).—**On the Prolonged (or Chronic) Form of Diphtheria, and Perichondritis of the Larynx in Children.** *Archiv. für Kinderheilk.*, Bd. 10, No. 1.

This form of diphtheria is very rare. The author, however, describes some cases which have come under his observation :—

1. A child, one year and three months old, contracted scarlet fever.

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Diphtheria of the fauces followed some weeks later, and the diphtheritic membranes remained upon the tonsils and vault of the pharynx for two months. There was also stenotic respiration, which increased. Tracheotomy was performed, and death followed. At the autopsy, perichondritis of the cricoid cartilage was found. The mucous membrane of the pharynx was covered with pus and membranes.

2. A case of chronic perichondritis of the larynx in a child two years of age, caused by burning. Death occurred from scarlatina.

3. A diphtheritic throat, lasting for twenty days, in a child ten years old, followed by asphyxia and death.

4. A child, ten years of age, had diphtheria with especially severe septic symptoms. The diphtheria and adynamia lasted for two months. Convalescence then occurred, and a cure resulted.

5. A child, six years of age, had diphtheria of the tonsils and vault of the pharynx, which lasted for two months, but was eventually cured. The author treated his cases of chronic diphtheria (and also the acute cases) with chloride of iron, mercurial sublimate, and turpentine. **Michael.**

PINIAZEK (Cracow).—**On the Measures to Prevent Secondary Attacks of Suffocation after Tracheotomy for Croup.** *Archiv. für Kinderheilk.*, Bd. 10, No. 1.

THE author's observations are of great interest, since they relate to conditions which commonly end in death. If secondary stenoses occur after tracheotomy, most of the little patients die. The author treats this condition very energetically. He frequently has introduced a tube or speculum through the fistula, through which, by aid of the reflector, he has been able to view the membranes in the trachea, the bifurcations and openings of the bronchi. At first he endeavoured to remove these membranes by introducing a catheter and sucking them out, but he afterwards found that they could be better removed with Schroetter's pincette, or by a special spoon which he had constructed for the purpose. With this instrument he was able to reach as far as the second bronchi. He relates four cases which were saved by this method. With the aid of his speculum he could in one case diagnose a cicatricial ring in the trachea, and in other cases granulations, which were the cause of the stenosis. These cases could be cured by galvano-cautery operations. **Michael.**

BARBIER, TH.—Albuminuria in Diphtheria. *Gaz. des Hôp.*, May 12, 1888.

BIBLIOGRAPHIC review of the question. Excellent work. **Joal.**

CLEMESHA, J. W. (Port Hope, Ont.).—**Tracheotomy in Diphtheria.** *Montreal Medical Journal*, June, 1888.

THE author reports a case in a child of eight years, of severe type. The patient was first seen on March 15. On the 17th laryngeal invasion was evident, and tracheotomy was performed on the 19th. The tracheal wound was subsequently covered with membrane. A spray of lactic acid in lime water and glycerine was used; stimulants were freely administered, and the tube permanently removed on the fifteenth day. The early performance of the operation is urged. **G. W. Major.**

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