gives suppleness to the epidermis of the passage and tympanum, and so replaces advantageously the wax of the ears. My patients were very well satisfied with its use.

There now remains a word to say on the concentrated solution of vasogene creolini, perfectly pleasant to use and prepared expressly for this purpose, that is to serve as a disinfectant for the hands, instruments, and other objects.

The liquid penetrates everywhere owing to the well-known diffusibility of the vasogene, preserves the skin, and has none of the injurious inconveniences of corrosive sublimate or carbolic acid.

From the foregoing we see that the therapeutic indications of the value of the hydro-carbons, and notably of the vasogenes, which worthily represent them and complete them in a happy fashion, are numerous, without taking into account those reserved to us by the future after further experiments.

DIPHTHERIA AND THERAPEUTICS.

Health Department of New York.—*Circular of Information concerning the Use of Bacterial Cultures by the Health Department for the Diagnosis of Diphtheria.* "Med. Rec.," June 24, 1893.

RECENT investigations have shown that a considerable proportion of pseudo-membranous and exudative inflammations of the throat and upper air-passages, commonly considered as diphtheria, and having the anatomical appearances found in diphtheria, are not true diphtheria. These cases may be called false diphtheria.

It has also been shown that a considerable number of cases considered to be false diphtheria are really true diphtheria. While in true diphtheria the mortality is very high and the danger of transmission to others great, in false diphtheria the mortality is low and the danger of infection slight. The differential diagnosis between true and false diphtheria can be made by bacteriological examinations within twelve hours, while without their assistance it is difficult or impossible.

The Health Department is now prepared to make use of bacterial cultures for diagnosis in all cases of suspected diphtheria occurring in the city, and desires that in every case either the physicians should themselves make the inoculations, or should authorize an inspector to make them. They should be made in every suspicious case at the earliest possible moment. It is only in this way that the full benefit of a positive diagnosis is obtained, for during convalescence the specific organisms often disappear from the throat. The inoculations are made by gently rubbing a cotton swab against the throat, and then drawing it over the surface of the culture-medium. When the physician desires to himself make the culture (and this is usually the better plan, for it can be done earlier and is more agreeable to the family), he can obtain, free of cost, a culture-tube and swab, and the simple directions necessary for

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their use, at any one of the druggists whose addresses are given in the circular. After the inoculation the tubes are to be returned at once to the druggist from whom they were obtained. The tubes will be collected by the department every evening. If, on the other hand, the physician desires an inspector to make the inoculation, he is requested to state this when the notification of the case is sent to the department. The diagnosis will be ready in every case by noon of the following day. The attending physician can obtain this immediately by telephoning to the Laboratory (1191 Spring), or when this is not done he will be notified by mail. Cases which prove to be false diphtheria will not be visited by the department. Cases, on the other hand, which prove to be true diphtheria will be subjected to the usual rules and regulations covering contagious diseases. *Dundas Grant.*

Hill, Eustace (Durham).—*Diphtheria and Specific Sore Throat Affections.* "Brit. Med. Journ.," Aug. 19, 1893.

Davies, Sydney (Plumstead).—*The Causes of the Increase of Diphtheria in Urban Districts.* "Brit. Med. Journ.," Aug. 19, 1893.

THE two papers formed the basis of an interesting discussion on diphtheria, in which Drs. Thresh (Essex), Newsholme, Robinson, Sir Charles Cameron, Ogilvie Grant (Inverness-shire), etc., took part. Dr. Hill especially insisted on the agency of milk in carrying the infection. Polluted water was not considered in the same light, while reference was made to the opinion gaining ground, viz., that the disease was not the result of those general insanitary conditions which were usually considered the factors of a high general and zymotic death-rate. The difficulty of controlling the spread of diphtheria was remarked upon as due to mis-diagnosis, which was partly aided by the often varied types of the malady. Dr. Hill refers to an epidemic caused by milk pollution from an affected hind, where there was no formation of membrane, but other symptoms marked. Dr. Hill further alluded to the supposed affinity or connection between scarlet fever and diphtheria—diseases, it may be stated, both apt to attack the cow. In Houghton Rural District both were observed to be associated. It was remarked in this connection that scarlet fever was responsible for the weakened throat, which offered facilities for the ingress of diphtheria. School attendance was once more the chief factor, in Dr. Hill's experience, in the spread of diphtheria. As measures to be adopted in combatting the disease were the abolition of the word "croup" from the medical vocabulary, the notification of sore throat, and isolation.

Dr. SYDNEY DAVIES, in referring to the causes of the increase of diphtheria in urban districts, insisted strongly on the ventilation of sewers (grid ventilators) as one, if not the chief, cause of the urban increase of diphtheria. This author is therefore a believer in diphtheria being dependent on sanitary conditions. He pointed out that the increase of diphtheria in Plumstead corresponded to the last five years, which had witnessed the growth of grid ventilators. Grid ventilation came into fashion during the last fifteen years, which explained the Registrar-General's annual figures of the diphtheria mortality. The increase of mortality was confined to the towns during this period. Diphtheria, it

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was stated, had diminished with sanitary improvements, but, unlike enteric fever, had again increased, owing to insanitary methods of ventilating sewers.

Dr. THRESH made reference to the practice of licking slates and pencils as the point in spreading the disease in schools.

Dr. WM. ROBINSON spoke of an instance of two cases of "croup" breaking out in a house, under the floor of which rats had burrowed from an old sewer, and there died, filling the dwelling with foul emanations.

Sir CHARLES CAMERON found no connection between sewer ventilation and diphtheria in Dublin.

Dr. ALFRED HILL considered drain air, as being less highly oxidized, the more dangerous element, and referred to mis-diagnosis as a difficulty. Where the mortality of diphtheria was placed at five per cent. an error had occurred. *Wm. Robertson.*

Putnam, W. E. (Whiting, Ind.)—*Treatment of Diphtheria.* "Med. Rec.," April 15, 1893.

IN the case of his own children he used a spray of peroxide of hydrogen, full strength, with the addition of one part per thousand of corrosive sublimate. In addition he employed continuously a steam kettle containing a tablespoonful of turpentine to a pint of lime-water.

Dundas Grant.

Levy and **Knopf** (Strasburg).—*Combined Treatment of Diphtheria by Papayotin and Carbolic Acid.* "Berliner Klin. Woch.," 1893, No. 32.

THE authors have treated fifty-seven cases by brushing with these combined drugs, with thirty-six cures. *Michael.*

Haynes.—*Ozone in the Treatment of Diphtheria, with Reports of Seven Cases.* "New York Med. Journ.," July 15, 1893.

"THERAPOL" was used, swabbed on the throat, and injected up the nostrils and allowed to run back into the naso-pharynx, and even to be swallowed. This substance carries ten volumes per cent. of ozone, and is quite free from noxious properties.

Turpentine inhalations and the usual iron and chlorate of potash mixture as a gargle in the case of older children constituted the treatment which was most successful in pharyngeal diphtheria. If the larynx is also involved, then ten grains of calomel is to be sublimed every two hours for the first twenty-four hours, every three hours for the second day, and every four hours for the third. The vaporizing apparatus should be so arranged that the calomel sublimes in eight minutes, and the child remains in a tent with the vapour for five minutes longer.

B. J. Baron.

Wingrave (London).—*An Improved Mouth Prop or Gag.* "Brit. Med. Journ.," Aug. 12, 1893.

THIS refers to improvements by which Mr. Wingrave has further enhanced the value of this excellent little instrument. The curve applied to the horizontal arms of the gag renders its adjustment to the

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alveolar borders more accurate, while the thick rubber mounts spare the teeth greatly, and grip edentulous alveoli securely. *Wm. Robertson.*

Moore, Lennox (London).—*Improved Nasal Speculum.* "Brit. Med. Journ.," July 22, 1893.

THIS consists in the application of a holder to a Thudicum's nasal speculum, which is given to the patient to handle, so that both hands of the operator are free. *Wm. Robertson.*

Bottini.—*New Accumulator Battery for Galvano-Cauterization and Light.* "Brit. Med. Journ.," July 29, 1893. (Manufactured by Marelli, of Milan.)

THIS contains two elements, each element of fourteen plates. Liquid pure water with ten per cent. pure sulphuric acid. Height, 23 centimètres; breadth, 13 centimètres; length, 18 centimètres; weight, 8 kilogrammes; capacity of the whole battery, 50 ampère hours, 25 for each element. Both the elements have useful energy, corresponding to ninety Watt hours. The battery requires recharging once every six months; this takes three hours if from a dynamo, six hours if from an ordinary four-cell Bunsen's battery. The compartments are hermetically closed, so that the battery is transportable. *Wm. Robertson.*

Sprague, J. B.—*A Simple Substitute for the Leiter Coil.* "Boston Med. and Surg. Journ.," July 27, 1893.

THE apparatus consists of a rubber bag for applying heat or cold to the mastoid region. A clamp securely closes the neck, and makes it water-tight. It is applied with its wider end over the mastoid process, and with the auricle protruding through an opening about its centre. It is fastened to the head by means of tapes. *W. Milligan.*

Smith, Andrew (New York). — *A New Method of Auscultatory Percussion.* "Med. Rec.," June 24, 1893.

THE chest-piece of a binaural stethoscope is held between the patient's teeth, and his lips are closed over it. During percussion the patient's nostrils are compressed, and the observer listens with the stethoscope in the manner usual for auscultation. The presence of solid tissue renders the tone flat and woody, and of higher pitch than normal. The intensity is greater than with ordinary percussion, but the effect is the same in kind. *Dundas Grant.*

Dobisch.—*Local Anæsthesia.* "Med. Rec." (Surgical Suggestions), June 24, 1893.

A SPRAY of menthol, one part; chloroform, ten parts; ether, fifteen parts, used for about one minute, is said to produce local anæsthesia, lasting from two to six minutes. *Dundas Grant.*

Grant, Dundas (London).—*Nitrous Oxide Anæsthesia for the Removal of Tonsils and Adenoids.* "Brit. Med. Journ.," August 19, 1893.

THE author in his letter makes strong reference to the safety o nitrous oxide gas as an anæsthetic in contradistinction to chloroform, in tonsillotomy and the removal of adenoids.

Reference might here be made to a death from chloroform administered to a girl, aged twenty-one, at the Newcastle-on-Tyne Infirmary, for the

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removal of a small bony growth from the nasal septum, ostensibly a septal spur, which prevented due respiration. The case is referred to in the "British Medical Journal," August 26, 1893. If, as stated, the bony growth was small, surely a general anæsthetic was uncalled for. If the removal of large polypoid growths, even sarcomata filling the post-nasum, enlarged turbinals, and septal spurs, is daily effected throughout the civilized world under cocaine, and almost painlessly, the question arises how should such an undertaking ever have been perpetrated? What of such excellent appliances as electrolysis or galvano-cautery, not to mention the saw, for the use of which thousands of competent authorities consider cocaine sufficient? *Wm. Robertson.*

Rohrer (Zurich).—*Further Investigations into the Antimycotic Properties of Aniline Derivatives.* "Archiv für Ohrenheilk.," Band 34, Heft 3.

ANTHRAX threads were readily deprived of their pathogenic properties by means of a one per thousand solution of hexa-ethyl-pyoktanin. *Eczema of the auricle* and *superficial external otitis* yielded in almost every case to the application of the pyoktanin pencil, or to dusting with tufts of cotton wool dipped in pyoktanin powder. Even obstinate cases—as also *eczema of the nose* (vestibule?)—were successfully treated. Inflammation of the subcutaneous connective tissue and periosteum of the *mastoid*, secondary to eczema of the meatus, of such severity as to suggest antral disease, yielded to meatal applications of the powder. It was efficacious in *acute* and *chronic middle-ear suppuration*, being introduced in cases of perforations of Shrapnell's membrane right into the opening. After *nasal galvano-cauterization*, he insufflates a powder containing two per cent. of the drug. He considers it superior to methylene blue or to auramin, but admits the difficulty in making reliable experiments as to the absolute and relative antiseptic power of these products. [We have used these remedies in a series of cases, but have not found them superior to others which had not the unpleasant staining effect. At the same time they may prove very useful and impressive reserves.—ED.] *Dundas Grant.*

Kramer, W.—*Treatment of Lupus of the Skin.* "Med. Rec.," May 20, 1893, from "Annals of Surgery."

FREE "circum-" and "ex-" cision of the diseased parts, with primary or secondary suture, or, if necessary, transplantation by Thiersch's method. *Dundas Grant.*

MOUTH, PHARYNX, &c.

Wertheimer. — *On Submaxillary "Mumps."* "Münchener Med. Woch.," 1893, No. 35.

DESCRIPTION of a case of epidemic parotitis in which both parotid glands were healthy, and only the submaxillary glands were affected. *Michael.*

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