NEW INSTRUMENTS, THERAPEUTICS, DIPHTHERIA, &c.

Pearson, Yelverton (Cork).—*Tongue Forceps.* "Lancet," Dec. 31, 1892.

THIS instrument, shaped something like dressing forceps, has flat plates at the ends of the blades. These are covered with india-rubber and the lower one is notched so as to receive the frænum. There is a catch at the other end. *Dundas Grant.*

Schütz (Mannheim).—*Pharyngeal Tonsillotome.* "Munchener Med. Woch.," 1892, No. 39.

THE author has devised a tonsillotome similar to the instrument of Fahnestock, with which it is possible to extirpate the pharyngeal tonsil. It has the necessary curvature for introduction into the naso-pharyngeal space. The author has also invented a compressor of the same form, which can be applied in cases of after bleeding. If the tonsillotome cannot be used to extirpate the whole mass, the author extracts the lateral portions by Michael's forceps. *Michael.*

Dunn, John (Richmond, Va.)—*A Modified Hartmann's Snare.* "Med. Rec., Sep. 24, 1892.

THIS instrument has the advantage of being made with flattened canulæ, so that the twisting of the wire, so annoying in the use of round canulæ, is avoided. There is a good snare for the lingual tonsil. The instrument can be worked by finger traction, or by a screw rider on the handle.

Dundas Grant.

Heryng (Warsaw).—*Electrolysis and its Application in Diseases of the Nose and Pharynx, and its Use in Laryngeal Tuberculosis.* "Therap. Monats.," Jan. and Feb., 1893.

RECOMMENDATION of the method. *Michael.*

Muralt.—Gesellschaft der Aerzte des Canton Zurich. Meeting, May 17, 1892.

THE author showed modified instruments for intubation. *Michael.*

Baer (Zurich).—*Tracheotomy and Intubation in the Children's Hospital at Zurich,* 1874-1891. "Deutsche Zeitschrift für Chirurgie," Band 35, Heft 3 and 4.

A VERY extensive treatise with many statistical and casuistical reports. It is not possible to review it shortly because the principal value of the treatise is the description of the great material. The author concludes that both operations must be performed, and have their special indications, and that intubation is a very useful method which gives very satisfactory results. *Michael.*

Bungner (Marburg).—*After-Treatment of Tracheotomy, and Description of a New Canula.* "Verhandlungen der 21 Chirurgencongress," page 171.

BY means of a little obturator the anterior opening of the canula can be

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closed gradually, so as to accustom the patient to the passage of air by the natural channel. *Michael.*

Kantorowicz (Forst).—*Therapeutic Value of Gargling.* "Deutsche Med. Zeitung," 1893, No. 10.

THE gargling, if too often applied, is an irritant of the mucous membranes and the muscles of the pharynx. The deeper parts of the mouth and the tonsils are not reached by the fluid. The application of antiseptics is without any effect. Only water or salt solution without antiseptics should be employed, and these only rarely. *Michael.*

Gleeson.—*Antipyrin as a local application in Inflammation of the Mucous Membrane of the Upper Respiratory Tract.* "New York Med. Journ.," Oct. 29, 1892.

IN 1889 the author contracted an obstinate laryngo-tracheitis. Benzoin inhalations gave a little relief. Sprays of ipecacuanha wine relieved congestion, but produced vomiting. A spray of cosmoline even irritated the sensitive larynx. Powders were absolutely painful and irritant. Nasal stenosis and discharge was checked by four per cent. cocaine on a pledget of wool, and maintained by a spray of four per cent. antipyrin. Great relief was experienced from this treatment used at night. The antipyrin was then inhaled into the larynx from eight to twenty times a day, and within a week all signs of laryngeal and tracheal disease disappeared.

The analgesic power of antipyrin lasts for some hours when locally applied to a mucous membrane. It is also anti-spasmodic, diminishing reflex cough and asthma of nasal affections, gagging and retching in pharyngitis. It is also antiseptic.

Antipyrin in spray at first causes burning (and sneezing if applied to the nose), analgesia soon follows and lasts for hours, and may be maintained by frequent sprayings with weak solutions.

Four per cent. solutions are too irritant to an inflamed Schneiderian membrane without previous application of cocaine. One to three per cent. solutions are strong enough. To the inflamed pharynx powdered antipyrin or a concentrated solution in spray may be applied, giving immediate relief. The same strength may be applied to the larynx. Momentary burning pain is replaced by analgesia. The author has used the drug in various inflammatory conditions of the larynx, and he has found it affords great relief in several advanced cases of tubercular laryngitis and in specific conditions. His experience leads him to the conclusion that the drug is a good local analgesic and antispasmodic, whose effects can be maintained for a long time if applied at sufficiently frequent intervals, and its continued use seems to be followed by permanently beneficial results. *R. Norris Wolfenden.*

Heflebower, B. C.—*Sodium Tetraboricum Neutral in Chronic Suppuration of the Middle Ear.* "Cincinnati Lancet Clinic," Jan. 14, 1893.

THE author speaks favourably of the employment of this compound in cases of suppurative otitis media. It is prepared by treating together equal parts of borax, boracic acid, and water. The solid result is the

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neutral tetraborate of sodium. Of this a sterilized saturated solution is prepared. The method of application is as follows:—The ear is first thoroughly syringed with warm water and cleansed in the most thorough manner, after which it is dried with a cotton-armed probe. The solution is then warmed and poured into the ear until it is quite full, and is allowed to remain *in sitû* for from five to ten minutes. It is then allowed to run out, and a plug of wool saturated in the solution is placed in the meatus. A record of several cases is given, in which the employment of this preparation was followed by gratifying results. *W. Milligan.*

Adamkiewicz (Krakau).—*Observations on the Effects of Cancroin, with Remarks.* "Wiener Med. Woch.," 1892, Nos. 41, 42, and 93.

ADAMKIEWICZ, notwithstanding the contradictions of his colleagues in Vienna, always affirms that his "cancroin" has an influence on cancers. He now refers to some observations by other authors agreeing with his own views. Of these cases, which under this treatment were improved, were (1, 2) carcinoma labii inferioris, (4) carcinoma linguæ in a physician, who wrote that he believed it to be undeniable that the tumour and the swollen glands suffered a reaction, and that after interruption of the treatment the progress of the disease was diminished; (5) carcinoma mammæ. We will only refer to case 3, viz., carcinoma laryngis, as to which Piniazek reported: Carcinomatous infiltration of the ary-epiglottic fold, arytenoid cartilage, and ventricular band of the right side, causing stenosis of the glottis; no inflammatory condition. After injection of cancroin, inflammatory swelling of the diseased parts followed, with increase of the stenosis. With further injections fresh inflammations occurred, followed by severe suppuration of the larynx. Prof. Piniazek says that he never saw, either spontaneously or as an effect of treatment, similar suppurations. The author concludes that his treatment has a real effect on cancroids. *Michael.*

Gottstein.—*Contagiousness of Diphtheria.* Hufelandsche Gesellschaft zu Berlin, Meeting, Jan. 12, 1892.

DIPHTHERIA is not very contagious, and this is only observed when the bacilli are of unusual virulence. *Michael.*

Hagedorn (Hamburg). — *Galvano-Caustic Treatment of Diphtheria.* "Aerzte Practiker," 1892, No. 6.

SEE the report on the author's paper read in the Aerzte Verein in Hamburg on the same subject. *Michael.*

Leonhardi.—*On Croup, Diphtheria, and Scarlet Fever.* "Volk. Sammlung Klin. Vorträge," N.F., No. 55.

THE author believes that an inflammatory and not a contagious croup exists. He treats it, if there is great fever, by calomel and leeching. To feeble children he gives an emetic and warm drinks and expectorating drugs. As to true diphtheria, he states that the incubation lasts five days.

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He does not apply caustics or antipyretics during the first few days. Internally he administers bicarbonate of soda, and gives gargles of chlorate of potash. *Michael.*

Editorial.—*On the Spread of Diphtheria,* "Brit. Med. Journ.," Jan. 7, 1893.

THIS, the third article on the subject, traces the history of the steps which lead to the discovery of the connection between the bovine disease and human diphtheria. The former is indicated by a vesicular eruption on the udder of newly-calved milch cows, in which the diphtheria bacillus was found. The indication is, therefore, to boil the milk—a process which does not materially interfere with its nutritive value. The author points out that new preventitive measures must be directed against the bovine disease, unhealthy cowsheds discountenanced, and notification of disease in milch cows enforced. On this follows the arrest of the sale of milk, for which additional and logical legal enactments are required. As the law stands, if one animal contaminates another the law steps in; if an animal infects man it is powerless, the milk supply being only capable of being stopped when it can be proved that man himself has communicated to it the infection. The possibility of infection from other domestic animals is considered. *Wm. Robertson.*

Glaser (Hamburg).—*Some Remarks on the Identity of Diphtheria Laryngis and Croup; and Relation of Two Cases of Diphtheria Laryngis.* "Zeitschrift für Klin. Med.," Vol. xvi., Nos. 3 and 4.

THE author believes in the existence of primary laryngeal croup, without relation to diphtheria. In some cases the pharyngeal affection is already cured when laryngeal croup begins, and in such cases diphtheritic croup can be mistaken for an original croup. He then relates two cases: (1) A man, twenty-one years old, had pharyngeal diphtheria which was cured. Some days later death occurred from nephritis and bronchitis. The *post-mortem* examination showed membranes to be present on the epiglottis, in the trachea and bronchi. In these membranes Loeffler's bacilli were found (E. Fränkel). (2) A patient, eleven years old, with the symptoms of laryngeal croup and emphysema of the neck. Tracheotomy was performed; death by nephritis followed. In this case also bacilli were found in the membranes (E. Fränkel). *Michael.*

Siegfried, C. A. (Newport, U.S.A.).—*Some Observations on the Etiology and Treatment of Diphtheria.* "Med. Rec.," Nov. 26, 1892.

SURGEON SIEGFRIED reviews the most important investigations recently made into the nature of this disease. He considers that probably not over twenty per cent. of the cases reported as diphtheria are really such. He dwells on the necessity of procuring a bacterioscopical diagnosis, if it is possible to do so, and describes Baginsky's observations. The cardinal points are, early correct diagnosis by a competent pathologist, cleansing by means of weak solutions, followed by the application of more direct and concentrated ones (of perchloride of mercury, etc.), stimulating the patient. In the very young he uses sprays by the nostrils, and keeps up the strength by means of brandy and milk, and lime-water. The ice-

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pack locally he considers very soothing and beneficial. As a spray he likes the sesquichloride of iron. He states the difficulty as to notification, removal, etc., in the inevitable doubtful cases. *Dundas Grant.*

Schilling (Querfurt).—*Treatment of Diphtheria.* "Aerzte Practiker," 1892, No. 17.

THE author recommends fomentations, gargling with boric acid, and internally chlorate of potash. In grave cases, cataplasms and sucking ice. In cases of stenosis, inhalations of five per cent. lactic acid.

Michael.

Neumann (Berlin).—*Treatment of Diphtheria.* "Berliner Klinik," June, 1892.

THE contents are nearly the same as those of the report on diphtheria in Friedrichshain Hospital, read in the Berliner Klin. Gesellschaft (see report.) *Michael.*

Hubner (Frankfort-a-Main).—*Treatment of Diphtheria by Liquor Ferri Sesquichlorati.* "Therap. Monats.," Dec., 1892.

THE author has employed this treatment in many cases with satisfactory results. *Michael.*

Rosenthal (Berlin).—*Treatment of Diphtheria by Liquor Ferri Sesquichlorati.* "Therap. Monats.," Dec., 1892.

THE author describes the application of the method with good results.

Michael.

Neumann.—*Communication on Diphtheria at Friedrichshain Hospital.* Freie Vereinigung der Chirurgen in Berlin, Meeting, Jan. 2, 1893.

DURING the last eight years two thousand six hundred and fifty-six cases of diphtheria have been admitted to the Hospitze Friedrichshain. One hundred and eighty-eight of these have been only angina follicularis. The author believes that so long as bacteriological examination cannot be made more quickly than at present it is impossible to isolate patients in the hospitals. It is also not necessary, because only in exceptional cases could infection in the hospital be proved. During the last two years no drug treatment was instituted, and the results are very favourable, viz., sixty-four per cent. cures. Of the tracheotomized cases there were forty-six per cent. cures. Usually inferior tracheotomy is performed. After-treatment with inhalations is employed. In most cases removal of the canula is effected on the sixth day. The author prefers the inferior operation, because here the difficulties of removal of the canula do not occur so frequently—only in one per cent.—while in superior tracheotomy it is nine per cent. In cases of sepsis tracheotomy must not be performed, since in these cases the children do not die from stenosis, but from sepsis. *Michael.*

Schmorl.—*Diseases of the Lymphoid Glands in Diphtheria.* Medicinische Gesellschaft in Leipzig, Meeting, Nov. 8, 1892.

IN many cases of diphtheria Loeffler's bacilli were found in the inflamed glands. In other cases streptococci were found. Mixed infections of the

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diphtheria bacillus and streptococci are often observed in cases of the disease.

In the discussion CURSCHMANN remarked that the prognosis depends upon the state of the heart. He doubts the efficacy of local disinfection. In the first stage of the disease we sometimes find fatty degeneration of the heart, and dilatation and weakness caused by the local impediment to breathing; in the second period is observed myocarditis diphtheritica with its well-known symptoms. Disturbance of the heart also may be caused by affection of the cardiac nerves.

TAUBE recommends pyoktanin.

HEUBNER does not believe that we can definitely differentiate the heart affections of the two stages. *Michael.*

Schwartz (Constantinople).—*Treatment of Whooping Cough.* "Internat. Klin. Rundschau," 1893, No. 12.

RECOMMENDATION of nasal insufflation of sozoiodol. *Michael.*

Guttmann (Berlin).—*Insufflation of Iodium Sozoiodol in the Nose for Whooping Cough.* "Therap. Monats.," Jan., 1893.

RECOMMENDATION of this treatment. *Michael.*

MOUTH, TONGUE, PHARYNX, ETC.

Garrigues, H. J. (New York).—*Stomatitis due to Irritation of Epithelial Pearls in the Mouth of New-born Children.* "Med. Rec.," Oct. 1, 1892.

A SMALL epidemic of superficial ulceration of the palate of new-born children, in Maternity Hospital, was the occasion of a careful examination of all the babies, fifty-two in number; forty-nine of these had congenital epithelial pearls on the palate. The first twenty-seven children had their mouths washed out immediately after birth, and after each nursing, with the velvety side of a piece of lint soaked in a saturated solution of boracic acid. Of these, twelve had a more or less sore mouth, the ulceration always beginning at the epithelial pearls. In the last twenty-five cases no washing was done, and not a single one of these got a sore mouth.

The epithelial pearls are small, white, globular tumours of the size of a pinhead to that of a millet-seed, situated in the raphé of the palate, preferably at the juncture of the hard and the soft palate. They are one to five in number. The outer surface is hard, the inner part softer. They are embedded in the mucous membrane. Most of them are covered with a layer of condensed connective tissue. Instead of the round prominence there is sometimes a white line, half an inch long, in the raphé. The mass is composed of epithelial cells like those of the mucous membrane of the mouth. The outer layers are the youngest, having polyhedral form and a nucleus; those near the centre are flat, and have lost their nucleus.

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