KEETLEY, C. B. (London).—**California as a Residence for Consumptives.** *Lancet, February* 4, 1888.

A RECOMMENDATION of South California. Patients are recommended to avoid the coast, which is damp and foggy, and live high up in the mountains. **Hunter Mackenzie.**

ALLAN, LESLIE J. H.—Napier and Kuripapanga (New Zealand) as Health Resorts for Pulmonary Invalids. *British Medical Journal, February* 11, 1888.

THE author recommends the latter place as suitable for cases in which the lung is merely threatened, or when the disease has made but little progress. With such patients, residence there all the year would be desirable. Residences at Napier and Kuripapanga alternately will secure a fine climate all the year round. **Hunter Mackenzie.**

MURRELL, WILLIAM (London).—**Syrup of Tar in Winter Cough.** *British Medical Journal, March* 3, 1888.

THE author recommends the syrupus picis liquidæ (United States Ph.) in from two to four drachms every three hours, or oftener. Its efficacy may be increased by adding to each dose six minims of the 2 per cent. solution of apomorphine (B.P.). **Hunter Mackenzie.**

FRASER, WILLIAM (Ashburton).—**Antisepsis in Phthisis.** *Lancet, February* 11, 1888.

NOTHING new. **Hunter Mackenzie.**

STEPHENS, LOCKHART (Emsworth).—**Treatment of Tracheal Cough.** *British Medical Journal, April* 14, 1888.

INHALATIONS of pinol, twenty to thirty drops, to be placed on a pledget of absorbent cotton in a hot water inhaler, and used for ten to fifteen minutes three or four times daily. **Hunter Mackenzie.**

HARNACH.—Aqua Calcis. *Berl. klin. Wochenschr.*, 1888, *No.* 18.

RECOMMENDATION of gargling with this medicament in cases of diphtheria. **Michael.**

On Poisoning by Antipyrin. *Lancet, February* 25, 1888.

AMONGST the symptoms were irritation of the nasal fossæ, and hoarseness of the voice. In a second case the "inside of the throat was obstructed to such an extent that for six hours the patient was threatened with suffocation." A medicinal exanthem, of the nature of urticaria, is not unfrequently developed in these cases. **Hunter Mackenzie.**

DIPHTHERIA.

JACOBI, A. (New York).—**Therapeutics of Diphtheria.** *Medical News, June* 16, 1888.

DIPHTHERIA is a contagious disease. Severe forms may beget mild or severe forms. Mild cases may beget mild or severe cases. There is

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probably no spontaneous origin of diphtheria. What has been called follicular amygdalitis (or tonsillitis) is diphtheria in many, perhaps most cases. It is seldom dangerous to the patient, because the tonsils have very little lymph connection with the rest of the body. But the diphtheritic variety of follicular amygdalitis is contagious. This mild variety is that from which adults are apt to suffer. Wherever suspected it ought to be looked after, isolated and treated. Preventive treatment should occupy a pre-eminent place. All diphtheria, mild or severe, should be isolated ; and attendants upon such cases should not have intercourse with healthy persons. Children of the same family should not go to school or church. A family with children ought to insist upon occasional inspection of the throats of servants, or persons coming to the house for occasional employment. In times of epidemic every public place ought to be treated like an hospital, and disinfection carried out at regular intervals. Vehicles should also be disinfected. To what extent diphtheria may cling to surroundings is best shown by the cases of diphtheria springing up in premises which had not seen diphtheria for a long time. When a diphtheritic case has been for long in a room, everything in it becomes infected. If barely possible, a child with diphtheria ought to change its room and bed every few days. As diphtheria will not as a rule attack a healthy surface, endeavour should be made to keep the mucous membrane in a sound condition. This especially applies to the throat and nose.

Tincture of pimpinella saxifraga is an efficient remedy in subacute and chronic pharyngitis and laryngitis. Large tonsils should be resected. Glandular swellings in the neck must not be tolerated. Every eczema of the head and face, every stomatitis and rhinitis, should be relieved at once. Chlorate of potash or sodium for the mouth, is a preventive remedy.

Cases of pharyngitis or stomatitis accompanying the presence of membranes are benefited by the local and general effect of chlorate of potash. Tonsillar diphtheria runs its course in four to six days.

Not more than fifteen grains of chlorate of potash should be administered as a dose for an infant a year old, and not over twenty or thirty grains for a child from three to five years old, in twenty-four hours. An adult should not take more than one and a-half drachms daily. Repeated doses at short intervals, and not single large doses, should be given, in order to avoid chlorate of potash poisoning.

There is no specific for diphtheria. It requires judgment to know when initial high temperature should be reduced (by sponging, warm or cold bathing, antipyrin, antifebrin, or carbamide of quinia subcutaneously). Convulsions may require chloroform inhalations, or hydrate of chloral per rectum. Vomiting or cerebral symptoms may require liquids or opiates. A very quick and feeble pulse may require a few large doses of a cardiac stimulant, digitalis, stropanthus, sparteine, etc., in the very beginning.

Renal complications and albuminuria occur early, and most cases terminate favourably. It cannot be foretold whether this will be the result ; and milk or farinaceous diet, plenty of water, or Poland, Bethesda, Seltzer,

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Vichy or Apollinaris water, warm bathing, warm feet, a few good doses of calomel, a number of hourly or two-hourly small doses of opium (better than digitalis and nitro-glycerine) are indicated. If diffuse nephritis occur it must be treated *secundum artem.* As to local treatment, Dr. Jacobi is best pleased with iodol or iodoform powdered; or one part with eight or ten of vaseline. Subnitrate of bismuth, boric or salicylic acid with starch (one part in fifteen—twenty-five of starch) are very beneficial. Diphtheritic conjunctivitis requires ice bags, with frequent instillation of saturated solution of boric acid with or without atropia. Local treatment of pseudo-membranes of the fauces is of great importance. Membranes on the tonsils do no harm, and should not be treated energetically. Forcible brushing often tears or scratches healthy tissue, and causes the spread of the membrane. Nasal injections can be made to wash the posterior pharynx and tonsils sufficiently, and are easier and less objectionable than opening the mouth forcibly. The membranes may also be brushed with tincture of iodine several times daily, or a drop of concentrated carbolic acid. There is only one powder—calomel—which is not contra-indicated. Even this may be irritant. Whatever has a bad taste or odour, *e.g.*, sulphur, iodoform, or quinia, must be abhorred. Papayotin, in two or four parts of water and glycerine, may be applied in the nose, throat, and through the tracheotomy canula. Steam will aid in liquefaction and throwing off of the membranes. Its action is best the greater the amount of muciparous follicles under cylindrical or fimbriated epithelium. It is best in tracheo-bronchial diphtheria—so called fibrinous bronchitis. Where the epithelium is permanent, and but few muciparous follicles are present, and the membrane is firmly coherent, *e.g.*, tonsils and vocal cords, moist heat tends to favour extension of the process. The steam may be medicated with ol. terebinthinæ or carbolic acid. Drinking large quantities of water, or water mixed with alcoholic stimulant must be encouraged. The pseudo-membrane is more easily made to macerate over a thoroughly moistened mucous membrane. For this purpose jaborandi or pilocarpine was recommended by Guttmann as a panacea. There are few cases in which it can be tolerated long enough to do good. It is one of the remedies which "may cure our case and kill our patient" by enfeebling the heart. Diphtheria of the nose is apt to terminate fatally unless energetically and early treated. Disinfection should be pursued. The absorbing surface of the nose is great, and injections should be made every hour, for one or more days. If the nose is much blocked with membrane, a probe with absorbent cotton dipped in 50 to 60 per cent. carbolic acid should be pushed in. Solutions of chloride of sodium, two-thirds of one per cent., saturated solutions of boric acid, one part of bichloride of mercury, thirty-five of chloride of sodium, and five thousand of water, or lime water, or solutions of papayotin, will be found satisfactory injections to dissolve the membrane. A stout glass syringe, with rubber mounting in front, is the best injector. Carbolic acid requires care, for fear of poisoning. When children cannot be raised, the same solutions may be used with a spoon or atomizer. For a day or two these injections must be made hourly, and children must be wakened up for them. On the successful and proper syringing and spraying of the nose

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depends the life of every patient with nasal diphtheria. The development of bacteria is prevented by solutions of one part of carbolic in 850, and their activity by one in 1,200; so injections need not be concentrated. Diphtheritic adenitis of cervical glands at the angle of the jaw is ominous, and points to nasal and naso-pharyngeal infection. Direct local treatment of the glands, if not entirely useless, is of minor importance. Inunction with the common iodide of potassium ointment is useless; mixed with lanolin, it is readily absorbed. Iodoform may be used in the same way. The best treatment is that directed to the absorbing surfaces. If suppuration occur, incisions, free scooping, and carbolic acid must be employed. If there is hæmorrhage, solutions of carbolic acid or perchloride of iron must be avoided.

Heart failure must be treated by absolute rest, digitalis, strophanthus, spartein, camphor, alcohol, and musk. Feebleness or collapse must not be waited for.

Alcoholic stimulants ought to be given early. Even mild cases are accompanied with heart failure. Coffee is a good stimulant, or 5 to 25 grains of camphor. If rapid effect is aimed at, camphor in olive oil (1 in 5) is a milder and more convenient subcutaneous injection than ether. The best internal stimulant is Siberian musk. When 10 or 15 grains, given to a child of one or two years old, will not accomplish a satisfactory effect within three or four hours the prognosis is very bad.

Post-diphtheritic paralysis yields to digitalis and cardiac tonics and mild preparations of iron, nux vomica and strychnine. Local frictions, massage and continuous or faradic currents are adjuvants.

Dr. Jacobi eulogizes chloride of iron. An infant of a year old may take forty-five or sixty-five grains a day; a child of three or five years old, 120 to 180 grains. It should be mixed with half to a teaspoonful of water (a drachm in four ounces allows half a teaspoonful every twenty minutes), no water must be drank after it. A good adjuvant is glycerine. It is rare that it is not tolerated. Cases in which there is much blood-poisoning, unstable stomach, feeble heart, and frequent pulse, those in which alcoholic stimulants are essential, are better off without iron.

Dr. Jacobi is a strong advocate for internal administration of mercury. The dose is $\frac{1}{60}$th to $\frac{1}{40}$th grain of the bichloride diluted in a teaspoonful of water or milk, given every hour. A baby a year old may take half a grain every day for many days in succession. As a gargle or local application it may be used in strength of 1 to 2,000 to 3,000, or less. Operation for laryngeal stenosis is often obviated by this drug, and it is particularly effective in laryngeal diphtheria. Even desperate cases will get well with bichloride of mercury.

[We have abstracted this paper of Dr. Jacobi's at considerable length, because the author is a well-known authority upon the subject, and because we have frequently been asked for indications for treatment in diphtheria. These are well laid down in Dr. Jacobi's paper; and though some of his opinions may be open to criticism, he speaks from a very large experience, and his remarks are most valuable.]

R. Norris Wolfenden.

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O'DONNELL, P. (Chicago). — **Diphtheria during Pregnancy.** *British Medical Journal, February* 4, 1888.

"THE tonsils," says the author, "were so enlarged as almost to meet, and were covered with well-marked characteristic exudation. Temperature 102° F. The attack was a sharp and severe one." The illness and the pregnancy had no apparent effect upon each other.

[No mention is made of the occurrence of post-diphtheritic paralysis. The case seems to have been one of simple tonsillitis.—REP.]

Hunter Mackenzie.

FERNALD, F. C. (Washington).—**Three Unusual Cases of Diphtheria.** *Med. News, November* 5, 1887.

THE cases are described minutely. Case I., Membrane extending from throat to external ear: recovery under trypsin. Case II., Paralysis of the diaphragm: death. Case III., Diphtheria with unique extensive disturbance of sensation. **John N. Mackenzie.**

BEAVER, WHITE (La Crosse, Wisconsin).—**Peroxide of Hydrogen in the Treatment of Diphtheria.** *Med. News, February* 11, 1888. Letter to Editor.

EVEN when cyanosis occurs, relief may be obtained by fifteen to twenty drops (strength of solution not given) of the peroxide internally, diluted with one or more tablespoonfuls of water. The throat should also be gargled or scrubbed with equal parts of peroxide of hydrogen and water, every half hour or oftener. The remedy is not designed to supplant such auxiliary treatment as may be needed, but will be found, in conjunction with other forms of treatment, the nearest approach to a specific of any remedies heretofore used. **John N. Mackenzie.**

CASADESÚS, ROQUER.—Hydrochlorate of Pilocarpine in the Treatment of Diphtheria. *Rev. de Laringologia, Otologia y Rhinologia. June*, 1888.

THE author records the case of a child, aged six, with diphtheritic patches on the mucous membrane of the fauces, lasting four or five days. Croup symptoms then appeared. Pilocarpine and perchloride of iron cured the patient without tracheotomy. Another child was tracheotomized, and under hydrochlorate of pilocarpine, and in three days every trace of false membrane had disappeared from the throat. A girl, aged three, in whom both tonsils, uvula, soft palate, and nasal fossæ were coated with false membranes, the sub-maxillary glands were enlarged, and fever was intense. The case was cured in a few days with hydrochlorate of pilocarpine, perchloride of iron, and local application of lemon-juice. The fourth case was that of a child aged four, feeble, and with tonsillar hypertrophy, in whom were diphtheritic patches on the fauces, croupal cough, difficulty of breathing, enlarged sub-maxillary glands, and fever. It was treated with ipecacuanha, extract of quinine, and sulphide of calcium; and essence of turpentine was locally applied, and its vapour inhaled, but no good results were obtained.

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Hydrochlorate of pilocarpine was also given. In spite of it the asphyxiative period appeared, and tracheotomy was performed. The little patient, however, was still treated with pilocarpine. After three days, broncho-pneumonia supervened, and kermes was given. The patient was cured. Casadesús quotes these cases, in order to make some reflections on them with reference to pilocarpine. He does not consider it a specific remedy for the disease, but thinks that it acts by its peculiar physiological action on the mucous membranes by helping the removal of diphtheritic exudations. **Ramon de la Sota.**

GUELPA.—Nutriment in Diphtheria. *Soc. de Thérapeutique, April* 29.

IN the case of patients suffering from diphtheria, alimentation ought to consist of liquids or semi-liquids, and should be most carefully administered, in proportion to the intensity of the affection and the violence of the inflammation of the throat. By observing these hygienic precautions, and employing frequent irrigations of perchloride of iron, diphtheria ceases to be that discouraging disease which used so often to be fatal.

Joal.

RAVEN, THOMAS F.—The Treatment of Diphtheria and Tonsillitis. *British Medical Journal, March* 24, 1888.

THE writer directs attention to the fact that "exudative tonsillitis" is frequently mistaken for diphtheria. Though infectious, and due to sewer-gas, it is not followed by paralysis, and is very curable.

[There is, doubtless, a lamentable amount of ignorance amongst members of the medical profession regarding the diagnosis of diphtheria. Hence, as the author points out, the number of so-called cures which follow every conceivable line of treatment.—REP.] **Hunter Mackenzie.**

MOUTH, TONSILS, PHARYNX, &c.

HARKIN, ALEXANDER (Belfast).—**Suppression of the Salivary Secretion.** *Lancet, February* 4, 1888.

RECOMMENDS chlorate of potassium in twenty grains three times daily, as a "regulator" of the salivary glands. **Hunter Mackenzie.**

CARLETON, P. M. (Medical Staff).—**Communicability of Syphilis through the Saliva.** *British Medical Journal, February* 4, 1888. See *Journal of Laryngology*, vol. ii., pp. 158 and 235.

AN explanatory note regarding a case in which syphilis was supposed to have been communicated by a tattooer, the subject of *tertiary* syphilis. "There was no lesion in the mouth (of the operator), but there was a muco-purulent discharge from one nostril, and other symptoms of post-

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