2. Delstanche's snare, with piano-wire instead of watch-spring for the snare, which latter is apt to break.

3. An improved ring-knife, the blade being flat on one side, and the edge lateral. The cutting edge extends only along the distal half of the ring, and the proximal half has no cutting edge.

4. In using the cautery, he guards it with a shield of crowquills, extending to the base of the loop, and varnished with shellac, and thus diminishes the danger of scorching the vestibule or nostrils.

DIPHTHERIA.

MONTEFUSCO, Dr. A.—A Case of Maniacal Diphtheria. (Un caso di Difterite Maniaca). *Nota Clinica Archiv. Ital. &c. &c., Anno. VII., Fasc.* 1.

THE author, after having remarked that in the course of diphtheria, psychical disturbances are rare, and exceedingly so attacks of real mania, and having referred to the case of acute diphtheritic mania of C. Lombroso as the almost solitary one on record, in which, however, the mania appeared some days before the development of diphtheritic symptoms, relates the history of his own case, which has greater importance from the mania appearing subsequently to the local manifestations. The phenomena which overshadowed the ordinary symptoms were psychical disturbances, sometimes sensory, such as acceleration, and inco-ordination of ideation, with abolition of the will, delusions of persecution and magnitude, and erotism; sometimes motor, with contraction of different muscular groups, involuntary, but consonant with the aberrant ideation, such as masturbation, &c. This condition lasted four days, and was accompanied with reduction of the temperature to 1° C. below normal. The local symptoms ameliorated with the cessation of the cerebral disturbance. The patient was discharged from the hospital after fifteen days.

MASSEI.

CONCETTI, Dr. L.—A Case of Chronic Diphtheria. (Un Caso di Difteria Cronica). *Archivio di Patologia Infantile, Anno IV., Fasc.* 6.

THE author believes his to be a case of the rare condition, chronic diphtheria, since it remained as it began for four months, presenting during that time only two short febrile periods. Cases of other

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authors should be called rather *prolonged diphtheria*. The patient was three years old. The diagnosis of chronic nasal diphtheria was verified post-mortem, although it had been sufficiently established by the serous, sometimes bloody discharge, the production of false membrane on the right of the nasal septum and the paralysis of the velum, as well as by the fact that four indubitable cases of diphtheria of the fauces in intimate relations with the case broke out simultaneously. MASSEI.

TANVOLI, Dr. C.—Contribution to the Therapeutics of Diphtheria. (Contribuzione alla Terapia della Difterite.) *Roma*, 1886.

THE author is enthusiastic for insufflations of sulphur, and gives some cases of cure by this means. MASSEI.

PATERNE.—Antiseptic Fumigations in the Treatment of Diphtheria. (Des Vaporisations antiseptiques dans le Traitment de la Diphterie.) *Thèse, Paris, January*, 1887.

AMONGST many substances, sulphur, bromine, chlorine water, ferric perchloride, gallic acid, salicylic acid, benzoate of soda, sulphate of quinine, chloral, thymic acid, etc., have been employed antiseptically. The author, however, recommends the following (Renou's mixture):

Phenic acid, 280 grammes
Salicylic acid, 96 ,,
Benzoic acid, 112 ,,
Rectified spirit, 468 ,,

The antiseptic solution is to be placed on a stove as near the patient's head as possible. Twenty-four patients out of thirty, treated in the hospital in this manner, were cured.

Barbot (*Traitement de la Diphterie, Gaz. Hôpit., January* 20, 1887) speaks well of this antiseptic fumigation according to Renou's method. JOAL (Mont Dore).

IRVING, JOHN.—(Heanor).—**Treatment of Diphtheria before and after the Larynx is involved.** (*British Medical Journal, January* 8, 1887.

IN cases uncomplicated by laryngeal symptoms the writer regards this as specific:—

℞ Liq. ferri dialysati, ℥ss.
Glycerini Acid. Carbol. pur. (B.P). ℥ss.
Glycerini pur. ℥iss.
Syrupi simplicis, ℥iss.

Misce bene, et adde aquam ad ℨij.

One teaspoonful every two hours, and continue for eight days.

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In a case of laryngeal diphtheria, the author uses

℞ Pot. Iod. gr. v.
Sol. Nitro-glycer. (1 per cent), ♏ iv.
Vin. Antimonialis, ♏ xlvii.
Glycerini pur. ℥ij.
Aq. ad ℥ij. Misce.

One teaspoonful every two hours.

LANCRY.—Contribution to the Study of the Contagium of Diphtheria. (Contribution à l'Etude de la Contagien de la Diptherie). *Thèse, Paris, December*, 1886.

THE following propositions are sustained :—

1. Diphtheria is contagious, and has a period of incubation. 2. It is very probably inoculable. 3. The contagious element is with reason attributable to microbes. 4. Spontaneous genesis is scarcely probable. 5. Though the contagious principle is diffusible spontaneously in the atmosphere, this power is very limited. 6. It may be diffused in the air in a very feeble radius. This spontaneous diffusibility is the rule, when the source of the virus is in the channel of expired air, but the exception when the origin of the poison is otherwise. 7. The contagious element may be carried to a great distance by individuals and articles. It is not improbable that it retains its virulence for long, outside the organism. M. Lancry studies also the questions of prophylaxy, and thinks that a good children's hospital should be constructed and governed as a lazaret. JOAL (Mont Dore).

ODENT.—Pseudo-membranous Anginas in the course of Scarlatina. (Des Angines pseudo-membraneuses au cours de la Scarlatine). *Thèse, Paris*, 1887.

NON-DIPHTHERITIC angina is not the effect of a contagium—it appears on the second or third day after the eruption; the false membrane arises on a crimson mucous membrane, and stands out, by its whitish colour on a livid base. There are extreme dysphagia, pharyngeal pain, acute and prolonged, great agitation, and delirium in children. There is less swelling of the neck than in true diphtheria, and in this latter the false membrane appears to be seated on a nearly normal mucosa. JOAL (Mont Dore).

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RENAULT.—Diphtheria consecutive to Measles. (De la Diptherie consecutive à la Rougeole.) *Thèse, Paris, November* 29, 1886.

THE author has had many years' experience as "interne" in children's hospitals. He states that diphtheria is in certain circumstances (and principally in children's hospitals) a pretty frequent complication of measles. Though little different in symptoms from primary diphtheria, it is remarkable for its tendency to extension, and its frightful mortality. Patients succumb from diphtheritic intoxication, or broncho-pneumonia. Tracheotomy should be resorted to, as a last resource, in spite of the unfavourable prognosis. Therapeusis being so insufficient in this secondary form of diphtheritis, prophylaxis ought to be studied, and efficient measures of isolation adopted. JOAL (Mont Dore).

NOSE.

SCHAEFFER. — Rhinological Communications. (Rhinologische Mittheilungen.) *Monatsschr. fur Ohrenheilk*, 1886, No. 11.

1. Epistaxis. Three cases in which the bleeding spot was found to be on the septum, and the galvano-cautery effected a cure.

2. Polypi of the right antrum of Highmore. Ten polyps of the antrum were removed through the alveolus, after extraction of the tooth, with complete cure of the neuralgia.

3. A cyst of the nasal mucous membrane, as large as a nut, was incised and cauterized with chromic acid, a cure being effected in eight days.

4. Two cases in which adenoid vegetations of the recessus pharyngeus and fossa Rosenmulleri were removed.

5. Two cases in which obstinate aphonia was cured by treatment of the nose.

6. Two cases in which obstinate pharyngeal cough was cured by the galvano-cautery. MICHAEL.

HEYMANN (Berlin).—**The Origin of Nasal Pathological Conditions. (Ueber die pathologische Zustande die vorder Nase ihre Entstehung finden konnen.)** *Deutsche Med. Zeit.*, 1886.

THERE is this in common between polypi and swelling of the mucous membrane—viz., that from time to time sensitive portions of the

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