and bronchial irritation, though somewhat too hot and relaxing in ordinary cases of early phthisis.

At its conclusion, Mr. Lennox Browne showed a large number of water-colour sketches of the scenery on the voyage, which excited great admiration. **Hunter Mackenzie.**

CHARAZAC.—Sulphur Waters in Tuberculosis. *Rev. Mens. de Laryngol. April*, 1889.

THE author very strongly opposes the administration of sulphur waters in the treatment of laryngeal phthisis, and quotes a number of facts in support of his contentions. Last year (Congrès de Toulouse) the author strongly discountenanced this method of medication, and is more convinced to-day than ever of the positive harm wrought by the use of the Pyrennæan sulphur waters, notwithstanding their laudation by Dr. Guinier. **Joal.**

TAYLOR, L. A. (Handsworth).—**Liquor Sodii Ethylatis in the Treatment of Lupus.** *British Medical Journal, October* 6, 1888.

THE medicament was applied to the lupus patches, which were situated on and about the nose, once daily for three days, without an anæsthetic. During the time the solution is being applied, no water should be allowed to touch the face. **Hunter Mackenzie.**

HANSEN, KLAUS (Bergen, Norway). — **Lupus Treated with Ice.** *Medicinsk Revue, May*, 1889.

A SHORT report of a case of lupus of the chin, in which the excessive sensibility and the rapid progress of the disease was successfully treated with ice, applied twice daily, two hours each time. **Holger Mygind.**

DIPHTHERIA.

ROSS, MAXWELL.—A Larynx and Trachea from a case of Diphtheria. *Medico-Chirurgical Society of Edinburgh, Wednesday, June* 5, 1889.

THIS specimen was shown at the above meeting. The patient was a girl, aged eighteen months, of a very strumous habit. As the stenosis rapidly increased it was resolved to perform intubation of the larynx. This was done by means of O'Dwyer's instruments, and the ease with which the operation was performed, and the instant relief given, contrasted favourably with the difficulties surrounding the operation of tracheotomy in children of that age. She wore the tube for sixteen hours, when a violent cough occurred, and it was expelled from the mouth. It was replaced within half-an-hour, but the relief was not so great as on the first occasion, and death occurred in about an hour. At the post-mortem examination the membrane was found to have extended

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down to the bronchi. Though the case ended fatally, the experience gained was favourable to the operation of intubation. There was no difficulty with the swallowing of liquids; brandy, water, and milk were taken with ease, and even greedily, by the child. Dr. O'Dwyer had pointed out that many of the difficulties in swallowing were due to the condition of the epiglottis rather than the presence of the tube, and in this instance the epiglottis was unaffected. Malposition of the tube might, however, be a cause of difficulty, the apex of the triangular head being turned forward, so as to project against the epiglottis, instead of resting between the arytenoid cartilages, as intended by O'Dwyer.

Maxwell Ross.

IRVING, JOHN (Leytonstone).—**Epidemic Diphtheria.** *British Medical Journal, December* 15, 1888.

THE author narrates some personal observations which tend to confirm the view, "huge collections of decaying vegetable matter, such as stable "manure may, by disturbance, generate the disease."

Hunter Mackenzie.

EDITOR OF BRITISH MEDICAL JOURNAL (London).—**Epidemic Diphtheria.** *British Medical Journal, November* 17, 1888.

AN annotation, in which it is affirmed that, "while it will not be denied "that diphtheria is a disease produced by a neglect of sanitary pre- "cautions, there is good reason to suspect that it is not always, or indeed "often, produced by ill-laid drains or bad sanitary appliances within a "house. It spreads, probably, generally by infection, but there are clearly "other causes at work. . . . . There is good reason to believe that the "accumulation of large masses of decomposing vegetable material in the "neighbourhood of houses, and the neglect to keep the damp walls and "corners of cellars and disused passages clean, may be in some way "responsible for the epidemics of diphtheria which are now so frequent "both in town and country." **Hunter Mackenzie.**

WHITE, S. (Sheffield).—**Croup.** *British Medical Journal, December* 1, 1888.

NOTES of a case of membranous croup, read before the Sheffield Medico-Chirurgical Society, November 22, 1888.

Tracheotomy was performed, and recovery ensued.

The author does not believe that such cases are of the nature of diphtheria. He makes some well-worn observations on the indications for the performance of tracheotomy in this disease. **Hunter Mackenzie.**

HALL, J. CAMPBELL (Monaghan). **The Treatment of Diphtheria.** *British Medical Journal, October* 27, 1888.

A PAPER read before the North of Ireland Branch of the British Medical Association. **Hunter Mackenzie.**

CALLIAS.—Treatment of Diphtheria. *Soc. de Méd. Pratique, March* 7, 1889.

THE author recommends application of a solution of resorcin of five to ten

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per cent. every two hours, night and day, combined with douches and sprays of a weaker solution. He has employed this method since 1881, and has obtained excellent results. Children submit to this treatment readily, and it is not painful. **Joal.**

LABBÉ.—Treatment of Diphtheria. *Soc. de Thérapeutique, April* 10, 1889.

IN a discussion on the different methods of treating diphtheria, Labbé remarked that Gaucher's method of treatment had certain drawbacks. The phenol solutions are too concentrated, and produce ulcerations upon which false membranes may appear. Labbé prefers to employ weak phenol solutions, or solutions of borate of soda in glycerine. We do not endorse this opinion. The treatment of Gaucher is the best, and we have personal knowledge of a recent case in which strong phenic solutions successfully treated a case which had resisted other methods of treatment. **Joal.**

CARRON DE LA CARRIÈRE.—How should Diphtheritic Angina be Treated in Infants? *Journal de Méd., Paris, February* 27, 1889.

THE author, who is an old *interne* of the Hôpital des Enfants, gives an excellent *résumé* of the remarkable lectures just delivered by Dr. Jules Simon, of which we give an analysis elsewhere. **Joal.**

PALMER.—Intubation of the Larynx in Diphtheritic Laryngitis. *Medical Science, Toronto, February*, 1889.

DR. PALMER reported nineteen cases with five recoveries. They were all cases of true diphtheria, and operation was delayed in every case till the dyspnœa was extreme and death inevitable. In three cases the malignancy of the disease and sepsis forbade all hope, and intubation was for relief only of the dyspnœa. Three died of sepsis, two of heart failure, and nine of extension of membrane into the bronchi. Of these nine, five gave good promises of recovery for two days after the tube was inserted, the other four were of such malignancy that hope was not entertained. The sources of danger ascribed to intubation as compared with those in tracheotomy are entered upon. This article is well worth perusal; it is well written and most instructive. **George W. Major.**

LANGLOIS. — Respiratory Variations in Inhalation of Oxygen in Diphtheritics. *Soc. de. Biol., March* 30, 1889.

THE author has made children affected with divers manifestations of diphtheria inhale oxygen. In these subjects he has observed an increase in the number of respiratory movements during the inhalations, and a slight diminution of the dyspnœa. The acceleration of the respiratory rhythm is opposed to the general fact, that during inhalations of oxygen, the respirations are slowed. Under the influence of prolonged asphyxia, the entire organism, and the bulbar centres especially, is depressed, which causes a diminution in the respiratory impulses. **Joal.**

GRELLET.—Facts relative to the Longevity of the Bacillus of Klebs. *Bulletin Medical, March* 7, 1889.

ROUX and YERSIN place the vitality of diphtheritic virus at five months,

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JULES SIMON at six months. The author relates five cases where the vitality of the virus seems pretty conclusively to have lasted from two to five years. **Joal.**

NOSE AND NASO-PHARYNX.

MACDONALD, GREVILLE (London).—**On the Mechanism of the Nose as regards Respiration, Taste, and Smell.** *British Medical Journal, December* 1, 1888.

A PAPER read at the Annual Meeting of the British Medical Association, 1888.

The author details some experiments and observations which he has made on the three-fold functions of the nose, of considerable physiological and clinical importance. For an account of these the reader is referred to the original paper, which will well repay perusal. **Hunter Mackenzie.**

KERMET.—Pathological Opening of the Maxillary Sinus in a Syphilitic Subject. *Journal de Méd. de Paris, February* 17, 1889.

THE case of a cataleptic and syphilitic subject, in whom a loss of substance occurred near the molars, ending in a communication of the maxillary sinus into the mouth. **Joal.**

TROUSSEAU.—Ocular Reflex Affections of Nasal Origin. *Soc. d'Opthalmologie, April* 2, 1889.

THE author has observed a certain number of cases of this kind :—

A young girl, eighteen years of age, was only cured of a blepharospasm rebellious to all other treatment, by the ablation of numerous small nasal polypi.

A lady, twenty-five years of age, has a blepharospasm every time that she has an attack of acute coryza.

A man, thirty-five years of age, has been cured of an ophthalmic migraine by extirpation of a number of small polypi.

There also exists a true nasal asthenopia, which only yields to treatment of the pituitary membrane. It is distinguished from other asthenopias by the integrity of refraction, of the conjunctiva and the lachrymal ducts. **Joal.**

TROUSSEAU.—Ozæna and Infectious Ulcers of the Cornea. *Soc. de l'Elysée, April* 1, 1889.

THE author relates the case of a young girl, strumous in constitution, and affected with a greyish ulcer of the left cornea with hypopion. The lachrymal passage was normal. There was simple ozæna and marked atrophy of the turbinateds. The ulcer had been treated in various ways without success. The ozæna was treated, the nose being disinfected with

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