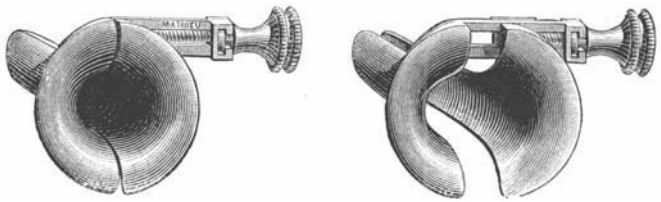
A NEW NASAL SPECULUM.

THE following illustration of the speculum devised by Dr. Moure, of



Bordeaux, will be understood by reference to the description of the instrument given in the October number of this Journal (page 503).

THERAPEUTICS, INSTRUMENTS, AND DIPHTHERIA.

Kahn (München).—*New Preparation of Myrrh.* "Münchener Med. Woch.," 1892, No. 31.

THE author has applied unguentum myrrhæ in nasal eczema, and myrrholin capsules in tuberculosis with good results. *Michael.*

Ziem (Danzig).—*External Application of Cantharadine in Diseases of the Nose and Throat.* "Monats. für Ohrenheilk.," 1892, No. 6.

THE author recommends the application of cantharadine plaster and collodium cantharadatum in cases of chronic purulent conditions.

Michael.

Scheppegrell, W.—*A simple Bottle Inhaler.* "Medical News," August 20, 1892.

THIS inhaler consists of a pint flask, closed by a rubber stopper having two perforations. Through one of the perforations is passed a funnel tube to within a quarter of an inch of the bottom of the flask. Into the other perforation is passed another glass tube, one extremity of which extends an inch into the flask, the other extremity being bent at an angle convenient for application. When in use the flask is filled one-third with water and the medicament is poured through the funnel tube in the proportion required. The patient then inhales through the bent glass tube. When it is desired that the mucous membrane of the nose and naso-pharynx should also be treated, a rubber tube with nose-piece may be attached to the glass tube, and the inhalations made through the nostril to which the nose piece of the inhaler is applied. The inhaler is made by Messrs Eimer & Amend, of New York. *W. Milligan.*

Clasen (Hamburg).—*Electrolytic Operations in Medical Practice.* "Deutsche Med. Zeit.," 1892, No. 93.

DESCRIPTION and illustration of the apparatus. Must be seen in the original. *Michael.*

https://doi.org/10.1017/S175514630016278X Published online by Cambridge University Press

Dunn, John.—*A Modified Hartmann's Snare.* "Med. Record," Sept. 24, 1892.

IN this modification the canula is made perfectly flat in its whole length so that it resembles a very narrow knife-blade; its width is three millimètres; its antero-posterior diameter only three-quarters millimètre, so that the opening at the end is just large enough to admit easily a No. 3 piano wire. The distal end of the canula has a knife edge. The handle of the instrument is made after the German plan, and has a revolving ring at the end. The canulæ (of which there are several forms for aural and nasal operations) fit the handle at an angle of forty-five degrees. The instrument is made by Messrs. Bartlett, Garvens & Co., of Richmond, Va. *W. Milligan.*

Munger, Carl. — *A Modified Gottstein's Curette.* "Med. Record," Sept. 3, 1892.

THE modification as suggested by the author is to have the distal portion of the ring heart-shaped instead of being slightly convex or flat, as has hitherto been the usual form. The advantage claimed for this modification is that the curette can be made to straddle the posterior edge of the nasal septum, and by so doing allow the two wings of the heart to reach into the choanæ. In this way the curette can be brought further forward and the space more thoroughly cleared than by any other form of ring knife. The instrument is made by Meyrowitz Bros., New York. *W. Milligan.*

Sedziak, John.—*Some Remarks on the Application of the Galvano-Cautery to Diseases of the Nose, Throat, Larynx, and Ears.* "Kronika Lekarska," 1892, Nos. 5 and 6.

IN the above paper the author, basing his views upon his own rich material, and upon almost all papers on the subject published in different languages, shows the great significance of the galvano-cautery in diseases of the upper air-passages. After a short historical introduction the author proceeds to consider the application of the galvano-cautery to the nose. Hypertrophies of the turbinated bodies present the first and most important indication for this method, which is absolutely superior to any other method. The author, who in general is a great supporter of galvano-cautery treatment, very often applied it in this disorder, using the snare in cases of so-called polypi of the inferior and middle turbinateds, and the cautery to produce furrows. The author, further, gives the details of the application of the galvano-cautery for nasal polypi, showing the superiority of the galvano-caustic method over the cold snare—(1) It prevents relapses; (2) it causes less bleeding; (3) it is less painful. After having shortly mentioned all the pathological processes in the nasal cavities (epistaxis, etc.) where the galvano-cautery finds an application, he proceeds to consider its use in diseases of the naso-pharynx. First he describes galvano-caustic operations upon the posterior ends of the inferior and middle turbinateds, which he operates upon only by means of the cautery snare, or oftener by sharp cauterization, producing deep punctures only, under the guidance of the laryngoscopic mirror (the

https://doi.org/10.1017/S175514630016278X Published online by Cambridge University Press

smallest). He destroys growths (polypi, fibromata, sarcomata) of the naso-pharynx only by means of the cautery snare and cauterization. The author also deals with the galvano-cautery in the oral and pharyngeal cavities. Hypertrophy of the tonsils (faucial), especially in adults, where we fear serious bleedings, is best operated upon by means of the hot snare. This he adopted in some twenty cases, and was always very satisfied with the result. Further, in cases of pharyngitis granulosa and pharyngitis lateralis this method proved to be the best. The author further indicates shortly other diseases of the cavities where the galvano-cautery can be more or less satisfactorily applied (growths, diphtheria, etc.). He then describes galvano-caustic operations in laryngeal diseases, and expresses his astonishment that this method does not find such great application as it deserves. He is of opinion that the fear of acute œdema of the larynx is absolutely without grounds. The pathological processes which indicate this method are growths of the larynx (benign and malignant), but principally tuberculosis of the larynx, where the author voluntarily applies this method (*per se*, or after curettement), especially in cases of infiltrations, ulcers, and growths—in this latter case using the hot snare—of the posterior part of the larynx, and of the ventricular bands and epiglottis. The author also deals with the application of the galvano-cautery to diseases of the ear—namely, in cases of polypi and granulations of the mucous membrane of the tympanic cavity. He concludes his very long paper with some remarks upon galvano-caustic batteries and a description of their appliances, illustrating his opinions with numerous observations derived from his own practice.

John Sedziak.

Ashby (Manchester).—*Loeffler's Diphtheria Bacillus.* "Brit. Med. Journ.," Feb. 6, 1892.

A READY method is to detach a piece of membrane, place it for five minutes in a twenty per cent. solution of boracic acid, and then draw it along the free surface of sterilized blood serum in a test tube, which is maintained at a temperature of 37° C. for from twelve to twenty-four hours, when small round colonies of the culture are visible, and are to be stained in carbol-fuchsine. [The bacillus is not found in the membranous sore throat of scarlet fever.] *Wm. Robertson.*

Booker, W. D.—*The Relation of Pseudo-Diphtheritic Angina to Diphtheria, with Special Reference to Scarlatinal Pseudo-Membranous Angina.* "Arch. of Pediatrics," Sept., 1892.

LAST winter an epidemic of scarlatina prevailed in Baltimore, with frequent pseudo-membranous angina, resembling diphtheria so greatly as to make diagnosis impossible. The author instituted comparative study of the bacteria found in scarlatinal angina with those found in true diphtheria.

At the time of this epidemic of scarlatina an epidemic of influenza was at its height in the city, and a physician attending scarlatinal patients, and a man over sixty living in the same house with a child having scarlatina, were taken with influenza, and had throat affections similar to that of the scarlatinal patients. Diphtheria was not prevalent in the city.

https://doi.org/10.1017/S175514630016278X Published online by Cambridge University Press

The Loeffler bacillus was not found in any of the cases of pseudo-diphtheritic angina. Streptococci were found in all of the cases in predominating numbers, staphylococcus aureus occurred in eleven cases of scarlatina and three cases of measles, and staphylococcus albus in four cases of scarlatina. The staphylococci appeared in mild as well as serious cases, and the streptococci appeared as two leading types, but whether different varieties is uncertain, and this variation had nothing to do apparently with the severity of the disease.

KURTH has lately differentiated a form of streptococcus conglomeratus which he considers pathogenic of serious forms of scarlatinal throat, and the author's results lead to the probability of a form of streptococcus associated with the severer cases.

Examination of the cases of pseudo-membranous throat of three cases of measles showed their resemblance to scarlatinal throat, and that they were of non-diphtheritic origin.

The author's conclusions are that the pseudo-membranous affections of the throat in scarlatina and measles, presenting the clinical features of diphtheria, differ from the latter in nature and etiology. Clinical appearances are not sufficient to differentiate them from diphtheria. The anatomical changes, except the pseudo-membrane, resulting from the effects of the bacillus diphtheriæ are not occasioned by direct action of the bacilli, which do not invade the body, but by toxines. The changes are focal necrosis of tissue, with peculiar splitting of the nuclei of cells. The anatomical changes resulting from scarlatinal diphtheria are accompanied by invasion of the body with streptococci, and are largely suppurative processes, the effect of these organisms.

Both measles and scarlatina render the tissues especially vulnerable to the diphtheritic bacillus, and complications of these diseases with diphtheria are not uncommon. The streptococci of pseudo-diphtheritic angina do not differ from other known forms of streptococci, but different varieties may occur in different cases, and certain varieties may be associated with the more serious cases. *R. Norris Wolfenden.*

Koplik, H. (New York).—*Forms of Diphtheria which simulate simple Angina.* "Arch. of Pediatrics," Sept., 1892.

IN the author's studies upon diphtheria of the tonsils, pharynx, and larynx, conducted in the Carnegie laboratory, he, amongst other things, directed his attention to an immense mass of cases of daily occurrence, the so-called doubtful cases, where from a clinical standpoint the most skilful physicians may differ. The more such patients are examined the less decided we become as to their malady. The author's studies include thirty-four such cases. Various diagnoses had been made.

The first series of cases to which attention is called begin suddenly with symptoms of laryngeal involvement. There may have been previously an apparently benign amygdalitis with no membrane. Suddenly stridulous cough and breathing and rise of temperature occur. There is no membrane, and the patient recovers. These cases are similar to those published by Roux. These cases may infect others, no membrane may appear, and

https://doi.org/10.1017/S175514630016278X Published online by Cambridge University Press

recovery may occur; and other cases may be subsequently infected, showing membrane, and dying of diphtheria.

Another series of cases are those which may be treated for days as simple amygdalitis, no membrane being visible. Suddenly croupy cough and stridulous breathing occur, and one or two specks of membrane are found on the tonsil and pharynx. Death may follow with laryngeal stenosis in twenty-four hours. In cases mentioned by the author the bacillus of Loeffler was found.

Another series of cases is mentioned, in which there was cough and sore throat, swollen tonsils, and reddened pharynx, but no membrane or gland swellings. Three children were attacked consecutively, in the last of whom only streptococci were found.

Another set of cases is where there is swelling of the tonsils, with or without glandular enlargement, and a single speck of varying colour on one or the other tonsil. Some of these cases are true diphtheria; in others only streptococci are found. The diagnosis of these specks on the tonsil can only be bacteriological.

Follicular appearances on one tonsil may be accompanied by true diphtheria and a small patch of membrane on the other side.

Cases where there is ulceration and necrosis of tissue may be difficult of diagnosis. A coating of yellow exudate or specks of it may exist, in which Loeffler's bacilli are found. In others there is nothing but streptococci, and the cases resemble a simple tonsillitis. Gerhardt has drawn attention to abortive cases in which no exudation is present.

The Loeffler bacillus has been found on the inflamed pharyngeal mucous membrane which became coated with fibrinous membrane, but at no time was there a picture of diphtheria.

The presence of membrane is not at all pathognomic of diphtheria (Baginsky, Hoffmann, Escherich, Prudden, Welch, etc.).

Such cases as are mentioned in this paper are very puzzling in diagnosis. Clinical symptoms are not distinctive, and the only test is examination of the exudates.

We can, however, isolate all cases which appear unfavourable.

R. Norris Wolfenden.

Smith, J. Lewis (New York).—*The Two Forms of Diphtheria sometimes designated True Diphtheria and Pseudo-Diphtheria—their Differences and Nature.* "Arch. of Pediatrics," Sept., 1892.

1. *Diphtheria caused by the Klebs-Loeffler Bacillus, sometimes designated True Diphtheria.* The poisonous action of the bacillus is due to the toxines secreted or formed by it, as clearly demonstrated by modern research. The bacillus has remarkable vitality and power of propagation, thrives in filth and is carried in sewer gas. Diphtheria is largely disseminated by children who, having slight attacks themselves, mingle with others. More stringent precautions towards prevention should be exerted. It is possible that cocci, developed during the attack in the pseudo-membrane, aggravate the diphtheria.

2 *The Klebs-Loeffler Bacillus in Healthy Persons.* A bacillus morphologically identical with this has been found in healthy mouths, in benign

https://doi.org/10.1017/S175514630016278X Published online by Cambridge University Press

diphtheria and in persons recently cured of diphtheria. It cannot be transformed into the genuine diphtheria bacillus, though Roux and Yersin believe this transformation to be possible.

3. *Diphtheria caused by Cocci, sometimes designated Pseudo-Diphtheria.* Baginsky obtained a pure culture of the Loeffler bacillus in 118 out of 154 cases of diphtheria examined by him. In the remaining thirty-six cases only cocci were found, and thirty-two of them recovered in a few days without complication. Four died—two with empyema, one with pneumonia and measles, and the other had severe paralysis. The milder form of the disease is, according to Baginsky, caused by the staphylococcus and streptococcus. Paralysis is not liable to occur after these cases. Both forms of inflammation (the Loeffler bacillus and the coccus) are accompanied by fever, swelling of lymphatics, and prostration.

In twenty-four cases of supposed diphtheria Prudden found no trace of the Loeffler bacillus, but the streptococcus was the most common, and in others the staphylococcus pyogenes aureus or albus was also met with. It bore no relation to the extent of the pseudo-membrane, and had a closer relation to the catarrhal than the pseudo-membranous inflammation. Nearly all these cases, however, had recently had scarlatina or measles.

Martin (Ann. de l'Inst. Pasteur, May, 1892) analysed two hundred cases supposed to be diphtheritic. In seventy-two cases (of which twenty-nine were croupous) the Loeffler bacillus was absent. Exposure to scarlatina and measles had occurred in some of these cases. The mortality was largest in cases of true diphtheria, *i.e.*, when the Klebs-Loeffler bacillus is present.

A pseudo-membranous inflammation appears possible when only cocci are present, when no toxine like that produced by the true Loeffler bacillus exists.

It is difficult to make a differential diagnosis of scarlatinal necrosis from diphtheria. It is commonly considered in Paris to be diphtheritic, but should, according to Sevestre, be distinguished from this. Henoch, Wurtz, and Bourges regarded the scarlatinal necrosis as due to the intensity of the inflammation. When it is truly diphtheritic it occurs late in scarlet fever. The streptococcus, the supposed agent of pseudo-diphtheria, is present in scarlatinal necrosis, and the Loeffler bacillus is found in some cases, but apparently only a small proportion.

R. Norris Wolfenden.

MOUTH, TONGUE, PHARYNX, &c.

Thornbury (Buffalo).—*The Bacteria of the Mouth—of interest to Dentists and others.* "Buffalo Med. and Surg. Journ.," July, 1892.

THE author mentions that leptothrix innominata is the direct cause of many diseases of the buccal cavity, and has been known to penetrate the lungs, stomach, and other structures. It occurs in long, thin threads, and is found in soft, white deposits on the teeth in every mouth. It stains

https://doi.org/10.1017/S175514630016278X Published online by Cambridge University Press