THERAPEUTICS, &c.

JACOBI (New York).—**Therapeutics of Infancy and Childhood.** *Archives of Pediatrics, January and February*, 1889.

IN the course of some very interesting clinical remarks on this subject, the author speaks of having on one occasion lost a little patient through scarlatina, from which he was stricken down thirty-six hours after the resection of a tonsil, the operation being done during the prevalence of an epidemic of scarlatina. Dr. Jacobi recommends for the mild form of scarlatinal stomatitis and pharyngitis, ½-1 grain of chlorate of potash in a teaspoonful of water every hour or two. Diphtheria setting in on the fourth or fifth day is seldom alarming, when on the first day, or previously to the scarlatinal eruption, it is quite ominous. It is then often accompanied with rapid glandular swelling and serious sepsis. Ice to the neck is serviceable, or if the glands suppurate, deep incisions and carbolic acid. In milder cases, one part of iodoform in 8-12 of collodion will have a good effect.

Speaking of measles in infancy, the author thinks that epistaxis may be left alone when mild. It is sometimes a relief to the congested mucous membrane. If severe it must be arrested. In measles there is always nasal catarrh, which may early lead to tumefaction of the lymph bodies in the neck. The catarrh should not then be left alone, but should be treated with injections of salt water or boracic acid. There is always some catarrh of the larynx. If the croupous symptoms are very urgent, the air of the room should be charged with steam, and the patient encouraged to drink as much as possible, especially of alkaline waters. Iodide of potash internally will do good, and so will an opiate, especially at bed time.

The incubation of mumps lasts fourteen to twenty-one days, and the infection takes place through Steno's duct. Thus careful hygiene of the mouth is the best preventive. When there is much pain, narcotics or ice may be applied. Iodoform collodion (1 in 8 or 10) applied daily is often quite successful. If suppuration occurs, incisions must be made.

In variola in children scabs must be removed from the nostrils to facilitate respiration. Œdema of the larynx or laryngitis may require intubation or tracheotomy on the shortest notice.

As to erysipelas, chronic nasal catarrh is often a cause in children Some children will have erysipelas extending over both cheeks once or more every year. Operation wounds, such as tracheotomy and diphtheria, are also causes. Many cases are successfully treated by applications of one part of carbolic acid in eight, ten, or fifteen parts of oleic acid, not on, but around the erysipelatous area, rubbed into the parts at frequent intervals. Abscesses complicating erysipelas require large incisions and antiseptic treatment. Erysipelas of the neck is very often complicated with œdema of the larynx, and may require scarification, tracheotomy, or intubation.

R. Norris Wolfenden.

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HUBER (New York).—**Recent Observations relating to Intubation.** *Archives of Pediatrics, January,* 1889.

THIS paper contains the records of a second series of cases, making, with forty-seven already reported, a total of ninety-four. Of these thirty-seven (or forty per cent.) have recovered. The cases were not selected, most of them being in thickly populated and poor districts. Intubation was resorted to whenever stenosis existed sufficiently grave to call for operative interference, no matter what complication was present. The author does not favour early operation, as a good number of cases recover under faithful employment of bichloride of mercury and steam. In reading reports of intubation one is struck by the frequency with which the tube is coughed out. This spontaneous expulsion is an advantage: the dyspnœa is usually relieved for hours after, and the same effect curiously is not observed if the tube be removed by the physician. The importance of this circumstance has led the author to utilise the plan, by introducing smaller tubes in order that they might be expelled by coughing, especially in cases in which there is membrane in the bronchi. This method the author terms "intermittent intubation." In the intervals, few medicines and stimulants may be administered, and the time of wearing the tube is shortened. This is, of course, not the same thing as introducing large tubes at intervals. Dr. O'Dwyer in his second series of cases, incidentally refers to the advantage afforded by employing smaller tubes in certain cases.

R. Norris Wolfenden.

ROBB, J. TAYLOR (London).—**Idiosyncrasy with regard to Antipyrin.** *Lancet, July* 28, 1888.

THE patient took 15 grains as a preventive against migraine—"I awoke "with a slight headache, and took a powder about half-an-hour after a light "breakfast. About eight minutes after taking the powder I felt nausea; "then I had a most violent attack of sneezing, which lasted for some time, "with temporary catarrh from eyes and nose. I also suffered from queer "sensations at the back of my neck and up my head, extreme tightness of "the chest and throat, with loss of voice and great difficulty in breathing. "My headache had gone, and my head felt the best part of me. Gradually "I got my breath back, and my chest and throat got relieved, but my "voice was hoarse for the rest of the morning."

Hunter Mackenzie.

SPURGIN, W. H. (Maryport).—**The Uses of Antifebrin.** *Lancet, July* 7, 1888.

THE author recommends the drug in ten grain doses in tonsillitis and allied affections of the throat. "In rheumatism and tonsillitis (any stage) "there is nothing like it."

Hunter Mackenzie.

EDITORS OF "LANCET" (London).—**Poisoning by Chlorate of Potash.** *Lancet, August* 18, 1888.

AN annotation directing attention to two cases of the above, reported in the *New York Medical Record,* July 21, 1888. In the first case, two tablespoonsful had been taken by mistake for Rochelle Salts, and in the second,

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it had been taken "by the pound" during two years for chronic throat trouble. Both proved fatal.

"We are so apt to think lightly of the power of this drug as prescribed "in small doses, that it is well to know that in large quantities it can "produce disastrous effects on the blood and the chief organs, and so "cause death." It appears principally to affect the heart (fatty degeneration), the kidneys, and the blood. **Hunter Mackenzie.**

EDITORS OF "LANCET" (London).—**Hot Air Inhalations in Phthisis.** *Lancet, September* 29, 1888.

AN annotation. The temperature of the dry air employed was from 40° to 60°C., gradually raised to 80°C. Inhalations were practised for three to four hours daily for a month, the only resulting unpleasantness being hyperæmia of the mucous membrane. Under this treatment, the tubercle bacilli are said to have disappeared from the sputum, and patients who had been falling away picked up strength and became quite robust. Dry air heated to 190°C. has also been inhaled with satisfactory results.

It is not stated from what periodical the above observations, made by Drs. Weigert, Berlin, and Halter, Westphalia, are taken.

Hunter Mackenzie.

EDITORS OF "LANCET" (London).—**The Value of Inhalations.** *Lancet, September* 1, 1888.

A LEADING article referring to the discussion on this subject at the Glasgow meeting of the British Medical Association (1888). "The most "recent results are not encouraging to those who hoped great results "from it (antisepsis in phthisis) . . . . The consumptive needs, above al "things, first, regular and vigorous expansion of the chest to improve the "quality of the pulmonary tissues, and to assist in the expulsion of "morbid products, and, secondly, perfect purity of air to mitigate the local "lesion, and strengthen the constitutional condition . . . . The funda- "mental principles of treatment just enunciated are not likely to be over- "thrown by any advance in therapeutics that the future has in store for us."

Hunter Mackenzie.

WILLIAMS, C. THEODORE (London).—**The Value of Inhalations in the Treatment of Lung Disease.** *British Medical Journal, September* 29, 1888. (A Paper read in the Section of Medicine at the Annual Meeting of the British Medical Association, 1888.)

THE conclusions of the author are as follow :—

(1) That the success of inhalations as a mode of medication depends principally on the easy convertibility into gas or vapours of such substances as are clearly desirable for the purpose. (2) That, consequently, bodies which are volatilised at ordinary temperatures are more readily absorbed by the lungs than bodies which have to undergo combustion before conversion into gases. (3) That all moist inhalations, whether steam, watery vapour, or spray, is the vehicle of medication, are but slowly absorbed by the lungs, and enter the circulation in small quantities, and, in some cases, not at all ; the slow rate of pulmonary

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absorption contrasting with the rapidity of gastric absorption of the same medicines when swallowed, as proved by their detection in the urine. (4) That medicinal inhalations are more useful in diseased conditions of the pharynx, larynx, and larger bronchi, than in those of the alveoli and lung parenchyma. (5) That in pulmonary disease the antiseptic respirators, while they lessen cough and reduce expectoration, exercise no lasting remedial influence on the diseased conditions of the lungs, and often seriously interfere with the freedom of respiratory effort, which is so desirable in the treatment of such affections.

A discussion followed, which elicited nothing new.

Hunter Mackenzie.

EDITORS OF "LANCET" (London).—**Hydrofluoric Acid in Phthisis.** *Lancet, September* 22, 1888.

AN annotation dealing with an account, by Dr. Gager, of Arco, Hungary, of the treatment by this method of seventeen cases of phthisis. The drug is administered by inhalation in suitable chambers. It is stated to be contra-indicated in laryngeal phthisis, on account of the amount of irritation set up. **Hunter Mackenzie.**

ALLBUTT, T. CLIFFORD (Leeds).—**Davos as a Health Resort.** *Lancet, October* 13, 1888.

AN interesting article comparing the various Alpine health resorts, and the classes of patients who are likely to derive benefit from residence in them.

The author rightly points out that even incipient phthisis requires a more prolonged period of climatic treatment than is usually supposed by members of the medical profession. **Hunter Mackenzie.**

SQUIRE, WILLIAM (London). — **The Sulphur Springs of Great Britain, and their Therapeutic Action.** *Lancet, August* 4, 1888.

THE author refers to the germicidal powers of sulphur, and to the amelioration of many glandular affections in children, and of lupus and phthisis, which follow its use, and which may be explained by its possession of this property. **Hunter Mackenzie.**

LOWE, JOHN (Workington).—**The Treatment of Consumption by Residence at High Altitudes.** *Lancet, September* 15, 1888.

A SOMEWHAT racy article in favour of this method of treating consumption. **Hunter Mackenzie.**

DENISON, CHARLES (Colorado).—**The Preferable Climate for Phthisis.** *British Medical Journal, September* 29, 1888.

THE following are some general contra-indications to an otherwise preferable high climate :—(1) The coldest season of the year, intensifying the effect of altitude. (2) Advanced age of the individual, rendering acclimatisation difficult. (3) An excitable, nervous temperament, aggravating the stimulation of climate, producing irritability, and sometimes wakefulness. (4) Valvular lesions, with rapid action of the heart, especially with the previous exceptions. (5) Marked and extensive

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emphysema, pneumothorax, and hydro-pneumothorax. (6) Active pneumonia or existing hæmoptysis. If these are recent, the contra-indication is much less than if they are present; if remote and without other objections, these diseases are most favourably influenced by the change. If there is reason for some doubt, in any such otherwise favourable case, a gradual rise in elevation should be chosen. (7) High bodily temperature, whether it be rather constant, as in some inflammatory states, or in catarrhal extension beyond a tubercular zone, or whether it be regularly vacillating, as in tubercular infection, that is daily low or sub-normal in the morning, and up to 103 degrees or more later in the day, *especially with suspicious laryngeal complications.* (8) Extensive involvement of lung tissue in diseased action, that is, so that the healthy spirometrical record is more than one-half abridged. Advanced stages of disease render this contra-indication much stronger (9) The stage of softening, if accompanied by marked pyrexia, or in one of decided hæmorrhagic diathesis. **Hunter Mackenzie.**

CAUDWELL, E. (London).—**Death from Chloroform.** *Lancet, September* 1, 1888.

THE patient, aged forty-six, was about to undergo an operation for malignant growth at the back of the pharynx. He was put under chloroform, when his breathing suddenly stopped, and his face became livid, the action of the heart ceasing about two minutes afterwards.

On post-mortem examination, a neoplasm, about the size of a turkey's egg, was found growing from the right and upper part of the pharynx, involving the palate and right side as far as the uvula, and hanging down so as almost to touch the epiglottis.

The cause of death is believed to have been mechanical occlusion of the laryngeal aperture by the new growth. **Hunter Mackenzie.**

GODFREY & COOKE (London).—**Patent Chloride of Ammonium Inhaler.** *Lancet, August* 18, 1888.

THE pecularity of this inhaler is that it contains no water.

Hunter Mackenzie.

WOOD, H. C. (Philadelphia).—**Note on Nasal Bougies.** *Therap. Gazette, January,* 1889.

THE author thinks all forms of gelatine as a basis objectionable, because at first they are not stiff enough for insertion into a partly occluded passage, and, later on, they become stiff and horny. Dr. Wood praises cocoa-butter, used alone, as a basis. Employment of wax is altogether objectionable. The cocoa-butter, however, is entirely free from irritating properties, and melts rapidly in the nostril. The bougie should be introduced with the patient lying down, when it will be retained until it melts in a couple of minutes. The patient should lie down after insertion of the bougie, and the nostril should be closed with a pledget of wool, wetted with cocaine. The best remedy for hay fever, according to the author, is a bougie of one grain of hydro-chlorate of cocaine, together with one-twentieth grain of atropine. **R. Norris Wolfenden.**

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SADLER, M. P. (Barnsley). **Catarrhal Fever: Its Causes, Complications, and Sequelæ.** *Lancet, July* 14, 1888.

THE author believes that "the poison of catarrh, like that of measles, "seems to have a special tendency to cause irritation of the mucous mem- "brane of the respiratory tract, though that of the digestive organs is by no "means exempt." The symptoms of this irritation vary from a little running at the nose to a serious bronchitis. It runs a definite course—usually seven days—and is believed by him to spread by infection. The diminution in resistant power induced by catarrhal fever seems to afford the starting point for phthisis. **Hunter Mackenzie.**

ANON.—Egyptian Cigarettes. *Lancet, September* 29, 1888.

THE European physicians in Cairo do not believe that, as recently stated in some of the lay papers, cigarette smoking has anything to do with the induction of cancer in the throat.

It is stated as possible that the heated paper, or probably the chlorine used in bleaching it, may induce a form of pharyngitis.

To avoid any such results it is recommended to follow the advice of an Oriental:—"Always use a cigarette holder, and in the holder a tiny "plug of cotton wool previously dipped in lemon juice, and changed every "time with the cigarette." **Hunter Mackenzie.**

RINGWOOD, JOHN (Kells, Ireland).—**Concurrence of Febrile Diseases in the same Patient.** *Lancet, July* 7, 1888.

THE patient not only "had measles and fever concurrently, but a severe "attack of diphtheria, followed by scarlatina, and chicken-pox, all "within the space of seven weeks." **Hunter Mackenzie.**

BOND, F. T. (Gloucester). – **Scarlatinoid Diseases.** *Lancet, July* 28, 1888. (From a Report as Medical Officer of Health.)

Dr. BOND groups under the heading "scarlatinoid" scarlet fevers, diphtheria, and croup. "Scarlatina has, since 1887, when it reached its zero "point, exhibited a tendency to increase, whilst diphtheria, 'its cousin- "german,' has continued to fall, thus following the lead of the former affection, "though not at an absolutely corresponding rate." **Hunter Mackenzie.**

EDITORS OF "LANCET." — Official Report on Back-to-Back Houses. *Lancet, August* 4, 1888.

A LEADING article, referring to the report on this subject to the Local Government Board, by Dr. Barry and Mr. Smith. The editors quote the opinion of Dr. Tatham, that "in certain streets and courts (in Salford), "consisting of back-to-back houses, unfurnished with thorough ventilation, "tubercular disease was much more common than in other parts of the "same town, and that such disease occurred again and again in the same "houses." They also quote from the report above referred to, that, "other things being equal, death-rates increase 'in direct ratio with an "increased percentage of houses unfurnished with means for thorough "ventilation.'" **Hunter Mackenzie.**

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SANDWITH, F. M. (Cairo).—**Dengue in Egypt.** *Lancet, July* 28, 1888

EPISTAXIS occurred in five per cent. of the patients. It occurs frequently amongst the natives early in the epidemic.

The throat was complained of by less than one-fourth of the patients: it was then found to be abnormally red, without great swelling of the tonsils.

The swelling of the lymphatic glands (cervical, sub-maxillary, etc.) was unimportant. In India, the face has frequently been observed distorted from the amount of glandular swelling. **Hunter Mackenzie.**

EDITORS OF "LANCET" (London).—**Effects of Dust in Flour Mills on Animals.** *Lancet, September* 29, 1888.

AN annotation relating to some experiments by M. L. Poincarré, on guinea-pigs, that had been kept for two years in the most dusty parts of a flour mill.

Of twenty animals, ten were alive at the end of two years. None died from tuberculosis. Catarrhal pneumonia, in some cases with localized intestitial pneumonia and extravasation of blood, was present. Dust was found more abundantly on the nasal mucous membrane than in the bronchi. **Hunter Mackenzie.**

CARTER, WILLIAM (Liverpool).—**The Bradshawe Lecture on Uræmia.** *Lancet, August* 25, 1888.

IN the course of this able lecture, the author makes reference to the "distressing dyspnœa, frequently amounting to the most terrible asthma, "and to other disturbances of respiration to which Brightics are subject." This is explained as most probably due to a change in the calibre of the blood-vessels, rather than of the air-vessels: it is sometimes accompanied by the co-incident occurrence of spasm in the systemic arteries, as evidenced by coldness of the limbs, &c.

The agents which afford most relief to this symptom are consequently those which relax vascular spasm, and of these the most useful is ozonic ether. From half a fluid drachm to a drachm will generally mitigate or entirely remove the dyspnœa. **Hunter Mackenzie.**

BEALE, LIONEL (London).—**Case of Typhoid followed by Measles, Parotitis, and Sloughing of the Face.** *Lancet, August* 4, 1888.

A FATAL case in a girl, aged twelve years. **Hunter Mackenzie.**

PEARSON, DAVID R. (Kensington).—**Cigarette Smoking.** *British Medical Journal, September* 8, 1888.

THE writer mentions a case of "irritative" chronic bronchitis distinctly due to this cause. **Hunter Mackenzie.**

EDITORS OF "LANCET" (London).—**Report of the Lancet Analytical Sanitary Commission on Egyptian Cigarettes.** *Lancet, October* 20, 1888.

IT was found that some proportion of Smyrna or Salvuk tobacco is commonly incorporated with Turkish in the manufacture of these cigarettes. If this

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Smyrna tobacco is present in excess, the throats of some persons, if not all, will be injuriously affected.

Physicians are recommended to watch the effects upon the throat of their patients of cigarette smoking, and if unpleasant symptoms are observed, to substitute Turkish or English for Egyptian tobacco.

Hunter Mackenzie.

MURRAY, R. D. (India).—**A Case of Sporadic Scarlet Fever, Originating De Novo.** *Lancet, October* 27, 1888.

BESIDES narrating this case, the author refers to three others formerly reported by him (*Indian Medical Gazette*, May, 1876), one of which was an example of scarlatina maligna with sloughing of the throat, which rapidly proved fatal.

Hunter Mackenzie.

CALATREVENO.—Whooping-Cough and its Treatment. *Revista de Medicina y Cirugia Prácticas, January* 7, 1889.

THE author read a communication to the Medical Congress of Barcelona, in which he remarked, "Whooping-cough is not an exclusive disease of "children; adults also suffer it. It is contagious, and it is believed that it "is produced by a fungus; moist, heat, and sudden changes of temperature "favour the outbreak of the disease. Feeble, scrofulous, and lymphatic "persons are those who contract it more easily. It is not fatal by itself, "but it may be so from its complications or consequences. Of these the "most dreadful are hæmorrhages of various organs, especially auricular, "which indicate the rupture of the tympani membrane." He claims that change of climate, extract of belladonna, inhalations of soda benzoate, insufflations of quinine and coffee through the anterior nasal openings, and antipyrin in doses of 1 centigramme a day for every month of the age of the patient, are the best therapeutic measures.

Ramon de la Sota.

DIPHTHERIA.

AIRY (London). — **Epidemic Diphtheria at Buxted and Maresfield, Sussex.** *Lancet, September* 1, 1888. (From a Report to the Local Government Board.)

"THE story is an oft-repeated one, in which a large proportion of attacks "could not be perfectly traced to any definite source; whereas, in other "cases, personal infection, and this especially in connection with school "attendance, was the principal means of conveying the infection. In "some cases, too, conveyance of the poison seems to have been due to "clothing belonging to infected families, and this although the garments "were not worn by children who had been themselves attacked. "Numerous sanitary defects were discovered during the course of the "inquiry, and investigation was made as to the possible influence of milk

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