cutaneously applied, in tubercular diseases of the larynx and lungs, are not too encouraging, which disheartened me from further experiments with this drug.

In my opinion, thiosinamin, so warmly recommended by Hebra in laryngeal and pulmonary tuberculosis, will share the same lot as its antecedents—Koch's tuberculin, Kleb's tuberculocidin, and Liebreich's cantharidinate of potash—*i.e.*, it will be lost in oblivion.

After having sent this paper to the press, I found in the "Centr. für Klin. Med.," No. 36 (9th September, 1893), a paper by Spiegler (of Prof. Kaposi's clinic), under the title of "Ueber Lokalreaction in Folge hypodermatische Einverlerbung chemischer Verbindungen." Among other drugs, acting similarly to Koch's tuberculin and thiosinamin, the latest drug of Hebra was tried by the author.

Of course, agreeing with Hebra as to the appearance of local reaction in lupus, obtained by thiosinamin, Spiegler affirms that he did not determine any more distinct therapeutic effects of this drug in this disease, and he was obliged to return to his former, *i.e.*, local treatment.

INSTRUMENTS, THERAPEUTICS, DIPHTHERIA, &c.

Lautenbach, L. J.—*A New Tongue Depressor and an Ear Screw for the Removal of Foreign Bodies.* "Med. News," Jan. 27, 1894.

THE former is made entirely of German silver, and is so bent as to depress the tongue without touching the teeth. The latter is especially for removal of non-metallic bodies impacted in the meatus by means of a double-threaded and double-pointed screw steel probe. *R. Lake.*

Heryng (Warsaw).—*Rotatory Double Curette for Endo-Laryngeal Operations.* "Annales des Maladies des Oreille, etc.," Nov., 1893.

A MODIFICATION of the curettes of Krause and Landgraf, for use in the treatment of laryngeal phthisis. *Joal.*

Schlossarek. — *A Phantom for the Study of Intubation.* Gesellschaft der Aerzte in Wien, Meeting Jan. 5, 1894.

THE author showed a phantom for the study of intubation, and spoke of the *technique* of intubation.

GROSSMANN remarked that twenty years ago catheters were introduced in diphtheritic stenoses. At the time intubation was invented he believed it to be a very good method, but experience has shown him that the relief is only of short duration.

EASENSCHUTZ believed that the method marks great progress.

WIEDERHOFER also believed that a great many diphtheritic children would be cured by intubation.

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SCHRÖTTER said that his own instruments very much resembled O'Dwyer's tubes, and that ten years ago many hundreds of cases had been treated by him by this method. *Michael.*

Savory, Sir Wm. (London). — *Gout in Relation to Surgery.* "Lancet," Jan. 13, 1894.

AMONG other affections due to gout, the author refers to those of the auditory apparatus as deserving more attention than they have hitherto received. "These include, no doubt, not only deafness of every degree, "but the various forms of tinnitus and other abnormal sensations more "or less directly connected with the ear; giddiness in more than one of 'its forms, and sickness." [It will be familiar to many of our readers that the late Mr. Harvey ascribed a very large number of aural troubles to this constitutional state. The indications for the diagnosis of gout in the less marked cases are not very clear. The occurrence of vertigo and tinnitus as results of increased arterial tension, and the beneficial effect of milk diet and iodide of potassium, have been already adverted to in our abstracts.—REP.] *Dundas Grant.*

Stipanics (Buda-Pesth).—*Alumnol in Catarrhal Diseases of the Upper Air-Passages.* "Pesther Med. Chir. Presse," 1893, No. 93.

RECOMMENDATION of the application of this drug. *Michael.*

Onodi (Buda-Pesth). *Argyrosis.* "Rev. Mens. de. Laryng.," Jan. 1, 1894.

THE case of a patient who had a grey tint of the face, black teeth, grey tongue, and black gums, after having made during six years, every two or three days, swabbings of the pharynx with a strong solution of nitrate of silver. *Joal.*

Silk, F. W. (London).—*Celluloid Face-Pieces and Masks for the Administration of Anæsthetics.* "Lancet," Jan. 13, 1894.

THIS beautiful material is employed for making transparent face-pieces and masks, so that the patient's face can be better seen during the administration, and a certain amount of moulding is possible.

Dundas Grant.

Redman, W. E. (London).—*Chloroform in Nasal Growths.* "Lancet," Jan. 20, 1894.

THIS writer deprecates general anæsthesia, considering the application of a ten per cent. solution of cocaine sufficient. Though no death has occurred, he recalls two cases of narrow escape from asphyxia.

Dundas Grant.

Wilkin, C. W. (London).—*Chloroform in Nasal Growths.* "Lancet," Jan. 20, 1894.

THE author points out that chloroform has been used at the London Throat Hospital for seven years, with very few exceptions, by itself as the anæsthetic in the removal of these growths, as well as in other operations, and there has been only one death. He dwells on the impropriety of allowing cases of adenoids to go untreated. *Dundas Grant.*

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Holloway, W. G. (London).—*Chloroform in Nasal Growths.* "Lancet," Jan. 6, 1894.

THE author draws attention to the sufficiency and safety of nitrous oxide, as compared with chloroform, in the removal of adenoid growths from the naso-pharynx. *Dundas Grant.*

Bailey, G. H. (London).—*Chloroform in Nasal Growths.* "Lancet," Jan. 13, 1894.

THE author recommends for the shorter cases gasalene, continued, if necessary, with a whiff of ether. For others the preliminary gas, then ether to the full anæsthetization of the patient, followed by chloroform administered by Junker's inhaler. *Dundas Grant.*

MacGregor, P. (Huddersfield).—*Chloroform in Nasal Growths.* "Lancet," Jan. 20, 1894.

THE author attributes much of the danger to the occluded state of the nostrils. He thinks that, with increased experience, nitrous oxide will be found less safe than is supposed. *Dundas Grant.*

Guthrie, Leonard G. (London).—*Some Fatal After-Effects of Chloroform on Children.* "Lancet," Jan. 27 and Feb. 3, 1894.

FROM a study of nine cases in which death followed comparatively slight surgical operations after an interval of apparent recovery for a number of hours, Dr. Guthrie comes to the conclusion that they are to be thus explained:—(1) They were in most cases due to auto-intoxication; (2) a fatty condition of the liver, and therefore functional disturbance of the organ existed before the operations; (3) chloroform and operation-shock combined aggravated the condition already present, and thus loaded the system with toxic alkaloids, which the kidneys were unable to eliminate. The practical results of such views are: (1) That in no case should chloroform be given to patients suffering from fatty liver; (2) that, as it is impossible from physical signs and symptoms to do more than surmise the existence of fatty liver, we must rely on signs of functional inactivity of the liver as indicated by the presence of excess of alkaloidal substances present in the urine; and (3) that the precise nature of these alkaloidal substances and the best methods of detecting them must be left for further investigation. In the way of treatment he advises the avoidance of alcohol with morphia, opium, and other anodynes, but thinks citrate of caffeine and carbonate of ammonia might be of service. A case which recovered was characterized by hæmorrhagic diarrhœa; so purgation, which has been found beneficial in acute yellow atrophy of the liver, may be beneficial. [The paper is well worthy of attention.] *Dundas Grant.*

Bleyer, J. M.—*A Report of Three Recovered Cases of Asphyxiation from Illuminating Gas: with some Observations on the Respirability of Oxygen, and a Description of a New Respiring Tube.* "The American Therapist," Nov., 1893.

THE first case had been in a room gradually filling with gas for eight hours, and was twenty-two hours unconscious. The other two had been

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about nine hours in a gas atmosphere, and were restored in three hours. In the first, almost pure oxygen was used; in the second, only a small proportion of oxygen to a large one of compressed purified air. The author considers oxygen too heavy a gas to easily enter the system, *via* the alveoli, and prefers pure atmospheric air. He used a tracheal tube, fourteen inches long, with a bifurcated upper extremity, one for expiration and one for inspiration. It is introduced through the larynx to within one and a half inches of the tracheal bifurcation. *R. Lake.*

Jennings, C. G.—*The Treatment of Diseases of the Nose and Throat in Infants and Young Children.* "Archiv. of Pediatrics," Jan., 1894.

THE author, taking scarlatina as a disease in which the throat manifestations may be dangerous to life, goes on to say that recent views are that the streptococci and staphylococci of pus develop in great numbers in this disease, and that cervical adenitis and abscess, purulent otitis media, endocarditis, pleurisy, etc., are due to their absorption, and that these conditions are preventible by local treatment of the throat and nose, and that diphtheria should be treated in the same way. The methods of irrigating the naso-pharynx are the spray, anterior and posterior nasal syringe, and the naso-pharyngeal catheter. He stigmatizes the spray as inefficient, as a rule, except in slight cases; the syringe is by far the most effective instrument for cleansing the nose and throat, and the best one for the purpose is Davidson's soft rubber syringe, No. 6, on account of its long soft nozzle. The catheter, No. 4, soft rubber, is indicated where there is anterior nasal plugging. The solutions used by the author are Seiler's, either alone or with peroxide of hydrogen (15 vol.), listerine, 1 in 15 to 20; corrosive sublimate, 1 in 8000 to 10,000. These remedies are used by the syringe every hour in slight cases of diphtheria, for the first day or two mild, in scarlatina also, including the pharynx every third time; naso-pharyngeal diphtheria every four to six hours with the catheter; and by the catheter in all severe cases of either disease when the naso-pharynx is involved, and the catheter can be quickly slipped down the œsophagus and food administered. *R. Lake.*

Fraenkel, C. (Marburg).—*On Loeffler's Diphtheria Bacilli.* "Deutsche Medicin. Zeitung," 1893, No. 101.

THE author concludes that in cases of true diphtheria virulent and non-virulent bacilli are found; the non-virulent forms have no relation to the disease, and are often also found in healthy mouth cavities. It is possible that under special circumstances the harmless bacilli may become virulent, and that in this manner unexplained cases of infection can be accounted for. *Michael.*

Sutton, H. Grant (Sittingbourne).—*Diphtheria and its Causation.* "Lancet," Jan. 13, 1894.

THE author attributes an outbreak of diphtheria in the village of Upchurch to the dust blown from collections of refuse from London dust-bins accumulated in the neighbourhood, and asserts the utter absence of any other source of infection. *Dundas Grant.*

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Rickard, W. L.—*A Note on the Local Treatment of Diphtheria.* "Brooklyn Med. Journ.," Dec., 1893.

TWO cases in which papoid was used with success as far as the membrane went, but only one case survived. *R. Lake.*

Friedmann.—*Sphymomanometric Examinations in Diphtheria.* "Jahrb. für Kinderheilk.," Band 36, Heft 1 and 2.

IF good blood pressure exists the disease gives a good prognosis; if there are great differences in pressure it is doubtful; and if the pressure is less than sixty milligrammes nearly all cases are fatal. The author believes therefore that sphymomanometric examinations are of great practical interest, because by this method of research the intensity of the intoxication of the heart can be measured. *Michael.*

Donath (Wien).—*Case of Diphtheritic Hemiplegia.* "Wiener Med. Presse," 1893, No. 41.

A BOY, eight years old, had diphtheria fourteen days previously. Suddenly there occurred in the night complete hemiplegia of the right side and complete aphasia. Improvement occurred under farado-galvanization, and continued for some weeks. The author believes that there had been a cerebral hæmorrhage. *Michael.*

Siebert (New York). — *Sub-Membranous Local Treatment of Pharyngeal Diphtheria.* "Jahrb. für Kinderheilk.," Band 37, Heft 1.

THE author uses a syringe, to the under end of which is attached a piece of metal with five perforated needles. With this instrument he injects chlorine water into the substance of the tonsils in cases of membranous diphtheria. He has applied this method in one hundred and four cases of diphtheria and twenty-two cases of scarlatinal necrosis with good results. *Michael.*

Frölich.—*Application of Turpentine, especially in Diphtheria.* "Münchener Med. Woch.," 1893, No. 57.

RECOMMENDATION of this treatment. *Michael.*

Klebs (Carlsruhe).—*Concerning the Kossel's Abstract of the Author's Paper on the Treatment of Diphtheria in No. 46 of the "Deutsche Med. Woch."* "Deutsche Med. Woch.," No. 48.

POLEMICAL article. *Michael.*

Hagenbach, Burkhardt (Basel)—*Remarks upon Köhl's Paper.* "Correspbl. für Schweizer Aerzte," 1894, No. 2.

THE author concludes: "Retention of secretion is a well-observed fact, and exists sometimes without any stenosis of the larynx." (See the report of his paper.) *Michael.*

Regli.—*Diphtheritic Epidemic in Guttanneu*, 1892-93. "Correspbl. Schweizer Aerzte, 1894, No. 4.

STATISTICAL report upon this epidemic. *Michael.*

Baron (Enskirchen).—*The Quinine Treatment of Whooping Cough.* "Berliner Klin. Woch.," 1893, No. 48.

RECOMMENDATION of this treatment. *Michael.*

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