DIPHTHERIA.

FRUITNIGHT, J. H. (New York).—**The Local Treatment of Diphtheria.** *Med. Record, June* 4, 1887.

EIGHT cases treated with hyposulphite of soda, in hourly doses of ʒj. of a solution of ʒj. to ʒij. of water. The membrane lessens from hour to hour. The patients retain the solution in the mouth for several minutes before swallowing. Local as well as constitutional action is thus obtained.

FOCKE (Bremen).—**Therapeutics of Diphtheria.** *Centralb. für Klin. Med.*, No. 35, 1886.

THE author gives chlorate of potash every other hour, and hydrochloric acid every hour. He has obtained good results, and believes that this is due to effect of the chlorochloric acid. MICHAEL.

BUNGEROTH (Berlin).—**Communication on the Effect of Turpentine in Diphtheria.**

A COMMUNICATION of twenty-nine cases where this medicament was applied. The general result shows that the medicament cannot be regarded as a specific, but it undoubtedly favourably influences the local condition. MICHAEL.

DALY, W. H. (Pittsburgh).—**The Simplest and most Efficient Treatment of Diphtheria.** (Read May, 1886, at Eighth Annual Meeting of American Larnygological Association.) *Reprint.*

THE credit of the introduction of the calomel treatment of this disease into modern medicine belongs to W. C. Reiter, of Pittsburgh. Daly enthusiastically champions the method, and insists on the following rules of administration:—(1) Give calomel in its purity; (2) give it in large doses; (3) give it frequently; (4) give it until you have the free and characteristic catharsis; (5) give light nutritious diet; (6) give little or no other medicine. If these simple rules are followed, and common sense allowed to take the place of common prejudice, more cures will be shown than by any other method known to modern medicine. J. N. MACKENZIE.

MANERO, E. — **Diphtheria. Remarks upon Treatment, Recurrences, and Paralysis.** *La Fraternidad Médico-farmacéutica, June*, 1887.

ALL methods of treatment which martyrise children should be avoided, and the same methods of internal medication should be

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employed as is adopted for infectious diseases in general. He believes that recurrences are rare, and up to a certain degree they offer a prognostic guarantee. RAMON DE LA SOTA.

FRUILLET, JOSÉ.—Clinical Annotations on Several Cases of Diphtheritic Anginæ cured by Sulphide of Calcium and Resorcine. *Gaceta Medica Catalana, April* 30, 1887.

THE author records five cases of diphtheria, of which two were mild and three serious. All were cured by sulphide of calcium, hydrobromate of quinine, the local application of citron juice, glycerine and resorcine, and balsamic inhalations, convalescence appearing at the end of twelve days. RAMON DE LA SOTA.

The Treatment of Diphtheria by Chinoline. *Rev. de Chirurgie et de Therapeutique, April* 21, 1887.

PURE chinoline is employed in swabbing, or as an irrigation to the diseased surface.

The former is practised every two hours with the following solution:—

R.	Pure chinoline	10	grammes.
	Distilled water	100	,,
	Alcohol	100	,,

For irrigation the following is used:—

R.	Pure chinoline	2	grammes.
	Distilled water	1000	,,
	Alcohol	100	,,

JOAL.

BARRETT, A. E.—Diphtheria Circumscripta, or Sandringham Sore Throat. *Brit. Med. Journ., July* 23, 1887.

THE author draws attention to certain cases presenting all the essential characters of diphtheria—rapid and extreme exhaustion, and death by asthenia; and in cases of recovery, the usual paralysis, chiefly observable in the eyes, tongue, palate, and extremities; but the local manifestation of the disease, instead of being an exudation, with a tendency to spread over the fauces, is rather a circumscribed and ash-coloured slough on one or both tonsils. This slough remains almost stationary, forming a centre from which the surrounding structures are invaded by a low form of inflammation, with sometimes swelling extending to the angle of the jaw, but no suppuration. In favourable cases the swelling terminates in resolution after the slough has become detached. GREVILLE MACDONALD.

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PASTEUR, W. (London).—**Paralysis of the Diaphragm after Diphtheria, with Extensive Pulmonary Collapse; Recovery.** *Lancet, May* 14, 1887.

THE patient was five years old. [The grounds upon which the diagnosis of diphtheria was made are not stated; no history of diphtheria is given, and the only illness preceding the paralytic symptoms which is noted was chicken-pox in March. *On April* 28 *the boy was in perfect health*, but shortly after this he began to languish, and became rapidly weaker.]

Then followed a train of paralytic symptoms, first in the muscles of the trunk and extremities, with absence of knee-jerk, then involving the heart. Voice and cough became aphonic, swallowing imperfectly performed, the chest movements much impaired, and the diaphragm paralysed, and the right lung collapsed. The diaphragmatic paralysis was diagnosed from the breathing being superior costal in type, and inspiratory protrusion of the epigastrium being completely lost. Under the influence of hypodermic injections of brandy and ether (℥ss. of each at intervals of a few hours), and the administration of nutrient enemata, the child made good recovery. Paralysis of the diaphragm after diphtheria is rare, and the author further thinks that recovery from this condition is very rare indeed. [Though it is probable that the case was one of diphtheria, it is by no means certain, and peripheral neuritis frequently owes origin other than diphtheria. Such complications have been noted even after mumps by Joffroy.]

SCHRAKAMP (Stuttgart).—**Contribution to the Indication, Method, and After-treatment of Tracheotomy in Croup and Diphtheria.** *Jahrb. für Kinderheilk.*, Bd. 3 and 4, 1887.

SO-CALLED prophylactic tracheotomies, before dyspnœa is noticed, are not to be recommended, because the desired effect is by no means certain, and the operation is too dangerous. If cyanosis and dyspnœa are present the operation should be performed, and also if the prognosis is bad by reason of other complications. The preparatory operation, with ligation of the vessels, is the best; only in cases where a rapid operation is necessary it is permissible to transfix the skin and the trachea at once. Narcosis is to be recommended in most cases. MICHAEL.

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