

Sorensen (Copenhagen).—*Antitoxin Treatment in Diphtheria*. "Hospitals-Tidende," 1896, No. 4.

THE author, who is physician to the Copenhagen Fever Hospital ("Blegdams Hospital"), publishes in this article statistics of three hundred and eighty-five children with diphtheria without stenosis of the larynx, and eighty-seven children with croup, treated in the above-mentioned hospital with or without Behring's antitoxin, from October, 1894, to the 1st of May, 1895. Excluding moribund patients and infants with pneumonia, sixty-three children of the first group of three hundred and eighty-five children were treated with serum. All these cases were more or less severe. The mortality of these cases was thirty-three per cent., which was also the exact mortality of the severer cases treated without serum. The author's conclusions are as follows:—The cases treated with serum did not show any improvement over the cases treated without serum, either as to the course of the disease or to its duration. Hæmorrhagic diathesis and diseases of the kidneys seemed rather to appear more frequently in the cases treated with serum, and exanthemata, accompanied by fever, were observed now and then in this group of cases. Serum was tried in eighteen cases of croup, and did not seem to have influence on the course of the disease, and all the severe cases of croup ended fatally, while the favourable results could be attributed to the benign character of the epidemic.

Holger Mygind.

Diphtheria and Coryza.—"New York Med. Times," May, 1896.

RECENT experiences in the treatment of diphtheria have shown that coryza in a child is a very fertile field for the propagation of the Klebs-Loeffler bacillus; the City Board of Health of Brooklyn require all school children having coryza to be examined. Cultures are made from the secretions by the city bacteriologist.

A. B. Kelly.

NOSE, & C.

Joal.—*Laryngeal Congestions of Nasal Origin*. "Rev. de Laryng.," April 11, 1896.

THE author refers to a previous paper of his, published in 1884, on "Laryngeal Fluxions," in which he had neglected to give importance to the nasal factor. He discusses laryngeal congestions proceeding from one or other of the following causes: 1, more or less complete obstruction of the nose; 2, propagation of vasomotor disturbances of nasal origin; 3, reflex action consecutive to the erection of the cavernous tissue; 4, lowering of the respiratory capacity by nasal influence; 5, functional insufficiency of the nasal resonator. He relates in detail five cases of vasomotor congestion of the larynx of nasal reflex origin, the laryngeal symptoms, hoarseness, cough, swelling of mucosa, occurring after the nasal phenomena, sneezing, secretion, pituitary turgescence, etc.; and he succeeded in all cases in provoking the laryngeal phenomena by stimulation of the trigeminal and olfactory nerve endings. The author has demonstrated the lowering of the pulmonary capacity by affections of the nose, *e.g.*, in a young singer a hypertrophic rhinitis diminished the capacity by seven hundred centimètres, and loss of high notes followed, difficulty of *mezzo ai voce*, hoarseness, etc., all of which were cured on the removal of a nasal spur. These accidents occur through excessive work on the part of the larynx, leading to fatigue; eventually laryngeal lesions are manifested, congestion, increased susceptibility, cough, chronic laryngitis, with

thickenings, nodules, etc. The lowering of the resonating power of the nasopharynx always plays an important part in causing fatigue of the larynx, as Michel pointed out in 1876. Joal cites two cases of adenoids causing laryngeal symptoms and loss of voice, cured by their removal.

R. Norris Wolfenden.

Poulssohn, E.—*A Case of Hydrorrhœa Nasalis.* “Med. Soc. Christiania Reports,” 1895.

A MAN, aged thirty, otherwise healthy, commenced in his thirteenth year to suffer three and four times yearly from attacks of excessive nasal secretion, lasting three and four days. The attacks by degrees became more and more frequent, the secretion more abundant and watery, while the duration of each attack was shorter. The attacks now generally appear every second week, and last one or two days; they commence generally in the morning with a sensation of irritation in the nose and pressure over the forehead, and when the patient gets out of bed the secretion becomes so abundant that it is impossible for the patient to do anything but to sit quietly and let the fluid flow into a basin; when obliged to move about he must hold a pocket-handkerchief constantly to his nose. This flow continues until about two o'clock at night, when he generally falls asleep, the discharge then leaving off until the next morning, when he wakes up to suffer again like the previous day, until it suddenly stops during the afternoon. The quantity of fluid discharged during an attack is estimated to be about one litre. The examination of the fluid gave the following result: Watery, white opalescent fluid of slight alkalic reaction; specific gravity, 1.006–1.007; 0.02 per cent. of albumen, 0.03 per cent. of salts, principally chloride of soda and iron, and small quantities of a fatty substance; microscopically white corpuscles. The examination of the nasal cavities did not reveal any abnormality. The patient had tried various treatments without any result. The speaker had prescribed atropin in a one-tenth per cent. solution, and the patient had derived great benefit from this drug, ten drops of the solution often being able to check the attacks or to lessen their intensity; and although this medicine had been taken for a considerable period of time, no ill effects had been observed. Dr. Poulssohn considered the affection to be of a purely nervous character, but would refrain from giving any opinion as to whether it must be considered an affection of the fifth nerve or of the sympathetic.

Dr. UCHEMANS had had the patient under his treatment, and found a slight hypertrophy of the anterior end of the right concha media and of the anterior part of the septum on both sides, and had treated these slight anomalies locally without any effect whatever.

Dr. O. BULL mentioned a case observed by him, in which abundant secretion from the nose had appeared in attacks together with an eruption of herpes cornea, and pointed out the possibility of the naso-cilio nerve being affected in this case.

Prof. DAAE considered Dr. Poulssohn's case to be due to a lesion of the fifth nerve, especially of the sphenopalatine branch, as it was a fact that the serous secretion of the pituitaria membrane was under the influence of this nerve.

Holger Mygind.

Woods, R. H.—*Modification of the Indian Rhinoplastic Operation.* “Brit. Med. Journ.,” April 18, 1896.

At a meeting of the Royal Academy of Medicine in Ireland the author described his modification of the operation, by means of which the whole of the new nose was lined with a skin surface. The forehead wound, instead of being sutured, was covered by a skin flap from the arm—a procedure which did away with the necessity for economy in the cutting of the forehead flap, and made the complete lining of the nose with skin a possibility.

Ernest Waggott.