

Dr. GRUENING had often felt the need for an instrument to replace the chisel, especially in sclerosed mastoids. He pointed out the danger of rupturing a thin-walled cerebral abscess, and referred to a new bur which ceased rotating when it entered a cavity.

Drs. BLAKE and SPRAGUE considered Dr. Blake's instrument very valuable.

Dr. THEOBALD : Were the bones passed round extreme cases ?

Dr. BLAKE : Yes.

Drs. MATHEWSON and RANDALL had each similar specimens.

Dr. ST. JOHN reduced the concussion by a rubber cap on the chisel.

Dr. BLAKE agreed with Dr. Randall as to teaching students.

Dr. B. A. RANDALL. *Some Observations on Objective and Subjective Tinnitus, Aneurismal, Anæmic, and Muscular.*

Dr. Randall stated that for years he had himself suffered from tinnitus, and had no diminution in hearing acuity. He considered anæmia was not sufficiently recognized as a cause, and that the deleterious effect of drugs like quinia was overrated, and also that an anæmic bruit might be conducted up *viâ* the jugular. He reported a case of objective tinnitus checked by pressure by the catheter and on the carotid. In this case aneurism was diagnosed, and ligation of the common carotid proposed but not agreed to by the patient. He had frequently observed the muscular form of objective tinnitus.

Dr. BLAKE also suffered from tinnitus, which was temporarily relieved by quinine in small and frequent doses.

Dr. RICHEY referred to Politzer's observations on hyperostosis around the footplate of the stapes.

Dr. THEOBALD had suffered from tinnitus which was due to eye strain from myopia.

Dr. KIPP had reported a case of aneurismal tinnitus fifteen years ago.

Dr. MULLER had also suffered ; his was tubal in origin, and had yielded to treatment.

Dr. GORAM BACON exhibited a *New Rongeur Forceps* for enlarging openings made by trephines, or the rapid cutting away of considerable portions of bone.

R. Lake (Abs.).

ABSTRACTS.

DIPHTHERIA, &C.

Goodall, E. W.—*Three Cases of Diphtheria, occurring in Patients the Subjects of Nephritis, treated with Antitoxin.* "Lancet," Nov. 21, 1896.

THESE three cases are interesting when considered in relation to any supposed effect of antitoxin on the kidneys. In Cases 1 and 2 the patients were actually suffering from nephritis when the serum was injected, and the renal inflammation was in no way aggravated—quite the contrary, in fact, in Case 2. In Case 3, the

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patient had apparently recovered from the nephritis; but there was a recurrence of the latter four days after the antitoxin rash had appeared and while it was still present. It is possible that in this case the serum caused a fresh lesion in organs just recovering from an acute inflammation. This is the only case in which the author has seen nephritis follow an injection of serum (though in one case of hæmorrhagic diphtheria he has observed hæmaturia), and the symptoms lasted only for five days. But diphtheria occurring during the third or fourth week after an attack of scarlet fever is occasionally coincident with the onset of nephritis; and it is to be noted in Case 1 that a relapse of nephritis accompanied the secondary diphtheria, the symptoms being observed before the administration of antitoxin. Indeed, now and then a case of scarlatinal nephritis relapses from no apparent cause.

St Clair Thomson.

Thomas, A. M.—*Orotherapy at Nursery and Child's Hospital, 1895-96.*
"Med. Record," Dec. 5th, 1896.

THIS is a concise report on the value of antitoxin as a prophylactic in diphtheria. An epidemic of diphtheria in the hospital was controlled by immunizing "the whole hospital" in April, 1896. From April no case occurred till October 26th. This was a case of true diphtheria with Klebs-Loeffler bacillus. The child was promptly isolated, and all the rest in the ward (23) were injected with from 50 to 200 units of serum. No one developed diphtheria. Some, however, had nasal discharge (independent of the case of diphtheria), in which Loeffler's bacillus was found. This had been observed not infrequently, and in certain instances these cases seemed to be the cause of outbreaks of definite diphtheria in the same ward. In all, there were 80 cases with nasal discharge, in which the bacillus was repeatedly to be found, but presenting no symptoms of diphtheria.

Dr. Park investigated four of these cases, in which the bacilli were present two months after immunizing and local treatment. He found the bacilli not virulent when injected into guinea-pigs.

Three hundred and twenty-six children have received immunizing doses of antitoxin, and no serious accident has to be recorded. Urticaria, œdema (in one case extending from hip to toes), elevation of temperature, and slight diarrhoea, are the most serious complications. That it is an effective prophylactic is shown by the facts: (1) that last year the epidemic ceased when the whole hospital was immunized; and (2) that it has not recurred, whereas an epidemic outbreak of diphtheria has been for many years an annual occurrence. Only four, out of 326 children immunized, subsequently developed diphtheria, and in two of these the condition previous to the immunizing was not known.

A. J. Hutchison.

MOUTH, &C.

Burton-Fanning, F. W.—*Sewer-Air Poisoning.* "The Lancet," Oct. 24, 1896.

A RECORD of eleven cases in which the symptoms were attributed to the effects of sewer air. This opinion is based on the following facts: They did not conform to any described disease; they presented many features in common amongst themselves; in the surroundings of all the cases some grave sanitary defect existed, and the removal of this was followed, in most of the cases, by recovery. Amongst the chief symptoms were: fever; rigors; headache; pains in the limbs and elsewhere; petechiæ on the lower extremities, or erythema annulare; lymphangitis on the