

WESTERN OPHTHALMOLOGICAL, OTOLOGICAL,
LARYNGOLOGICAL. AND RHINOLOGICAL ASSOCIATION.
(AMERICA.)

THIS Society was founded on April 9th, in Kansas City, Mo. The following gentlemen were elected as officers for the ensuing year:—Dr. ADOLPH ALT, *President*; Drs. FRYER, PIPINO, and MARTINDALE, *Vice-Presidents*; Dr. DAYTON, *Treasurer*; Dr. HAL FOSTER, *Secretary*. After the meeting for general business numerous papers were read, and we trust to be able to give abstracts of them later; and we take the opportunity of wishing this new Society success. St. Louis, Mo., was selected as the place of meeting for 1897.

ABSTRACTS.

DIPHTHERIA, &C.

Blumenfeld (Bruck).—*Contribution to Serum Treatment of Diphtheria.*

“Wiener Klin. Woch.,” 1896, No. 18.

OF two hundred and twenty-nine cases treated with serum twenty died—eight and three-quarters per cent. ; of forty-eight cases treated with serum eleven died.

Michael.

Dräer (Konigsberg).—*Bacteriological and Clinical Diagnosis of Diphtheria.*

“Deutsche Med. Woch.,” 1896, No. 18.

IN one hundred and ninety-three cases of clinical diphtheria Loeffler's bacillus was found in one hundred and fifteen. In fifty-two cases of angina the bacillus was found in nine. Experimental injection of animals is only performed in cases with pseudo-diphtheritic bacillus. Six out of twelve cases gave positive results.

Michael.

Flick, Lawrence F. (Philadelphia).—*Calomel as a Specific for Diphtheria.*

“Med. News,” April 25, 1896.

THE author advocates the administration of calomel in minute doses—one sixty-eighth to one one-hundred-and-twentieth of a grain every fifteen minutes—in cases of diphtheria, keeping this up day and night until the disease has disappeared. The result in his hands has been exceptionally satisfactory, as since adopting this treatment, two years ago, he has not had a single fatal result or a serious complication. He concludes by remarking that he has not seen a very large number of cases.

St George Reid.

Kassowitz (Wien).—*Statistics of Antitoxin Treatment.* “Wiener Klin. Woch.,” 1896, No. 17.

ANSWER to Paltauf. The statistics of Trieste prove that the diphtheria mortality in this city has increased since the introduction of antitoxin. In spite of the fact that in nearly all cases this treatment is used, Trieste had in 1895 a mortality from

E

diphtheria of 17 per cent., Berlin 5·3 per cent., and Paris 1·7 per cent. The author concludes that it is not possible to use the statistics to prove the value of antitoxin. *Michael.*

Lahs (Marburg).—*Antitoxin Treatment.* “Marburg Elwers,” 1896.

THE author has treated diphtheria for fifteen years with chlorate of potash and hydrotherapy, and has not had a death during this time. He does not believe that the antitoxin has any great effect. If the experiences of practitioners and not only of clinicians were taken, it would be found that their mortality would be less than the fifteen per cent. obtained by antitoxin. *Michael.*

Martin, Sidney.—*Treatment of Diphtheria by Antitoxic Serum.* “The Clinical Journ.,” April 15th and 29th, 1896.

SEVENTY-FIVE cases have been treated at University College Hospital in 1895. In sixty-five, out of seventy examined, the bacillus diphthericæ was found. Intravenous injection was employed in two tracheotomy cases, and did well. Rashes occurred in fifty per cent. of the cases, and one patient had pain in the knee-joint and slight swelling of the wrists. In thirty-one pharyngeal cases the membrane disappeared in two to six days in seventeen cases, in eight cases in seven to ten days, in four in eleven to thirteen days, and in two it persisted for twenty-three days. The local treatment was to spray the throat every four hours; a solution of bicarbonate of soda (20 grs. to the ounce) and a corrosive sublimate solution (1—2000) being employed alternately. The total mortality, twenty-eight per cent., was lower than in the best of the previous four years, and in cases admitted before the fourth day it was only seventeen per cent.

More cases of paralysis may follow antitoxin treatment because more severe cases have been saved from death and life prolonged.

The bacillus may persist long after the membrane has disappeared, and in one case a pure cultivation was obtained from the throat thirty-five days after.

The dose of antitoxin should not be reckoned by the number of cubic centimetres injected, but by the number of normal units the serum contains. The total dose ought not to be less than 4000 normal units. It is important to inject the serum at the earliest possible opportunity, for, even if the case is not diphtheria, you can do no harm. *Middlemass Hunt.*

Paltauf (Wien).—*Remarks on the Case of Sudden Death of a Child following a Preventive Injection of Antitoxin.* “Wiener Klin. Woch.,” 1896, No. 16.

SOME weeks ago the child of Prof. Laugerhaus in Berlin suddenly died, after an injection of heilserum. The nurse of the child had a non-diphtheritic angina; the child died suddenly after a prophylactic injection given before the diagnosis was verified. The *post-mortem* examination showed no cause for the sudden death. The author does not believe there is any connection between the injection and the death. He reports the good results of the treatment, and believes it unjustifiable for the public press to irritate the public by such communications. *Michael.*

Rubens (Gelsenkirchen).—*Antitoxin and Calomel in Diphtheria.* “Therap. Monats.,” 1896, No. 4.

THE author recommends combination of the heilserum treatment with internal use of calomel, and brushing with Loeffler's solution. *Michael.*

Soerensen (Copenhagen).—*Experiments with Serumtherapy in Diphtheria in the Blegdarn Hospital in Copenhagen.* “Ther. Monats.,” March, 1896.

OF fifty-seven cases treated with serum seventeen died; of forty-six cases treated without serum fifteen died. The author gives details of the cases and concludes

that there was no difference with antitoxin. But hæmorrhagic nephritis was more frequent in the cases treated with serum, and paralysis and hæmorrhages are more often observed in the cases treated with serum. The croup cases treated with serum died without exception. Only the slight cases treated with it gave good results. *Michael.*

Wartmann (St. Gallen).—*Diphtheria in the Canton St. Gallen.* "Courszbl. für Schweizer Aerzt.," 1896, No. 9.

THE author gives the statistics and concludes as follows: The diphtheria in the Canton St. Gallen shows a remarkable increase, especially in the city of St. Gallen. Severe epidemics are rare; the disease has, as in Basel, an endemic character with progressing intensity. The mortality is not very high. The author hopes that by antitoxin treatment and by hygiene this will be improved. *Michael.*

MOUTH AND PHARYNX.

Campbell, James T. (Chicago). — *Pharyngo-Mycosis Leptothrica.* "Med. News," April 4, 1896.

THE author refers to the numerous bacteria of the mouth and their beneficent character, but points out that the leptothrix buccalis under certain circumstances can give rise to the above disease in the pharynx. He describes the parts affected and the peculiar white, tough, adherent colonies standing out as excrescences on the mucous membrane, and points out for the purpose of differentiation the very slight constitutional disturbance accompanying the attack, the symptoms chiefly complained of being dryness and irritation in the throat, with slight irritable cough. He advocates the careful application of chromic acid on a fine probe to the interior of the crypts as the treatment he has found most satisfactory. *StGeorge Reid.*

Clark, B. F. R. (Philadelphia).—*Hypertrophy of the Lingual Tonsil, with Report of Seven Cases.* "The Philadelphia Polyclinic," Mar. 28, 1896.

THE author deals with the history of the disease, and refers to its anatomical and physiological characteristics; he points out that it is a disease of adult life, and that sex seems to be an etiological factor, women suffering more frequently than men; that while it is often set up by exposure to cold or wet, he has not found that prolonged use of the voice, as in the case of public singers, renders them more susceptible. He recommends the application of glycerine of iodine, or iodide of potassium, and in obstinate cases cautery by chromic acid. *StGeorge Reid.*

Kolpik, H.—*The Acute Retropharyngeal Abscess of Infancy and Childhood: Revised Classification and Treatment based on the Etiology.* "New York Med. Journ.," April 4, 1896.

THIS paper is founded upon seventy-six cases seen during a period of six years, and the anatomical relations of the parts and glandular distribution are reviewed. The author then classifies the abscesses as follows:—(1) Acute: (a) those pointing internally; (b) those pointing internally and externally; (c) those forming chiefly as an external tumour. (2) Chronic tuberculous. (3) Septic (as after scarlet fever), which burrow and may burst into one of the various structures of the neck. The term idiopathic is discarded, and Lallette's investigations as to the lymph glands in the retropharyngeal system are alluded to, and the connection between the