

further progress of the disease: in severe cases up to four thousand units (four bottles of Behring's No. 11) within that space of time, in two doses—the first on admission. The antitoxin of the British Institute of Preventative Medicine appears not to have been constant in strength, and so no stated dose is given. All cases cannot be saved even by antitoxin. In the recovered cases convalescence is short and satisfactory. Only two cases of paralysis have been noted since the increased dose has been used. And no toxic effects, with the exception of the "serum rash," were noticed. The authors, after summing up in a most judicial manner, give the preference to Behring's serum. *R. Lake.*

**Turner, A. J.**—*A Few Notes on the Bacteriological Diagnosis of Diphtheria, and on the Disappearance of the Bacilli during Convalescence.* "Intercolonial Med. Journ. of Australasia," Nov. 20, 1896.

THE cultures were made in Petri dishes and on glycerine-peptone-agar. There is no objection to using a piece of membrane kept for several days, as is shown by the following table:—

Membrane kept	7 days,	diphtheria bacilli	numerous.
"	" 24 "	"	" still present.
"	" 54 "	"	" not found.
"	" 57 "	"	" still "
"	" 61 "	"	" not "
"	" 89 "	"	" " "
"	" 101 "	"	" " "
Swabbing kept	13 "	"	" numerous.
"	" 39 "	"	" a few present.

The various difficulties in culture and diagnosis are gone into, and hints given as to how to avoid failure. As to disappearance of the bacilli during convalescence, in all thirty-four cases were examined, twenty-eight giving negative results from sixteen to twenty-four days after admission, two negative results on the nineteenth and twenty-seventh days, and four on and up to the thirty-seventh day, the thirty-sixth day being the latest date after admission on which they were found. *R. Lake.*

**Varnali.**—*A Case of Scarlatina, with Diphtheria without Fever.* "Archiv. für Kinderheilk.," 1897, Vol. XXI., p. 358.

A. B., a strong, well-developed boy of three and a half years, took a slight attack of scarlatina on May 21st, 1893. On the 23rd a diphtheritic patch was found on the left tonsil, with swelling of left sub-maxillary and cervical lymphatic glands. The child was drowsy, had no appetite, but the temperature remained normal. The pseudo-membrane spread over the palate, uvula, and pharynx, and a lemon-coloured irritating fluid flowed from the nose; still no fever, and child quite bright and playing about the room. For some time the child coughed up pieces of membrane; the voice, for a little, was rough; and later on the urine contained albumen and red blood corpuscles. Only once did the temperature rise above normal (viz., to 38° C.), and it immediately sank again after a small dose of calomel. *A. J. Hutchison.*

### MOUTH, &c.

**Colin.**—*Treatment of Leptothrix Mycosis with Perchloride of Iron.* "Arch. Int. Laryng., Otol., et Rhin.," Tome IX., No. 5.

AFTER treating a well-marked case of mycosis of the tonsils, tongue, etc., by his ordinary method (application of iodine after evulsion of the fungus) without success,

the author employed the following method:—The prominent end of each growth was touched with the officinal solution of perchloride of iron (twenty-six in seventy-four, water). The fungus stained yellow immediately, and was found, in two days' time, to be black and hard. Each mass was then easily pulled out of its crypt and was found stained throughout. The process was repeated every other day for three weeks, and the mycosis, at the end of that time, was entirely eradicated.

*Ernest Waggett.*

**Fede, Francesco.**—*Riga's or Urban Cardarelli's Disease.* "Arch. für Kinderheilk.," 1897, Vol. XXI., p. 351.

THIS is a disease often seen in children in Lower Italy, especially in the province of Sannio. A raised, grey, pearl-like swelling is found on the under surface of the tongue and on the frenum. It is evidently due to friction against the inferior first incisor teeth, because it generally occurs shortly after the eruption of these teeth. At first it is of the nature of a papilloma, but later on the superficial layers begin to ulcerate, and a free infiltration of small cells and fibrine takes place, so that the growth takes on the nature of a granuloma.

Fede describes three types of the disease. In the first the growth on the tongue is the only disease, the children being otherwise healthy; in the second, owing to disorders of stomach or intestine, or to tuberculosis, the children become thin and cachectic, and the local condition takes on a much more serious character and shows no tendency to heal; in the third the affection begins as a severe illness, which may even cause death. In all three types, however, the local growth is the same, and the general symptoms accompanying it are due to some other disease.

In the simple cases the growth should be excised and the part cauterized with nitrate of silver. In the complicated cases the general disease must also be suitably treated.

*A. J. Hutchison.*

**Griner.**—*A Case of Acquired Perforation of the Anterior Pillar.* "Ann. des Mal. de l'Or., du Lar.," etc., Feb., 1897.

THE interest of the case lies in the result of microscopic examination. The patient was a man of twenty-two, unaware of any abnormality of the throat. He remembered the occurrence of some throat trouble in early childhood, for which the cautery was used. An extensive perforation was to be seen in the left anterior pillar, and careful examination of the borders of the opening showed them to differ in appearance. On the outer side it was bounded by a whitish cicatricial band, but the internal free portion of the pillar seemed to consist of a fold of normal mucous membrane, thin, transparent, and non-adherent to the underlying tonsil. Examination of sections with the microscope proved this appearance to be deceptive. A band of cicatricial tissue was present, and the distorted epithelium corroborated the history of the cautery. The author therefore suggests that we are not justified in ascribing unilateral cases of this description to congenital malformation, relying upon naked-eye appearances alone.

*Ernest Waggett.*

**Turner, J. G.**—*Antral Suppuration following Invasion by a Dental Cyst.* "Clin. Journ.," Oct. 14, 1896.

ON examining the mouth a bony swelling was found, yielding but not crackling on pressure, extending from the canine eminence to the last molar of the right upper maxilla. Purulent discharge from right nostril. At the outset of the trouble, two carious teeth, the pulps of which were dead, had been extracted to relieve pain, but unsuccessfully, though pus was said to have escaped from their sockets. On removing the outer wall of the cyst, the floor of the antrum was found to have been absorbed, and the inner wall of the antrum to have almost wholly disappeared.

*Middlemass Hunt.*

## ŒSOPHAGUS.

**Bowes, C. Kessick** (Herne Bay).—*Congenital Obliteration of the Œsophagus, with other Malformations.* "Brit. Med. Journ.," March 13, 1897.

THE child, who had absence of both radii and thumbs, as well as excessive flexion of both hands, was noticed to be unable to swallow the milk it obtained from the breast, which returned through the nose. The child wasted, and finally died on the thirteenth day. *Post mortem*: The œsophagus terminated at a level three-quarters of an inch below the larynx, and the lower part, as it came up from the stomach, opened into the trachea near its bifurcation. *R. Lake.*

## NOSE, &C.

**Gellé, Georges.**—*Peroxide of Hydrogen: its Rôle as a Hæmostatic and Antiseptic.* "Arch. Int. de Lar., Otol., et Rhin.," Tome IX., No. 5.

PEROXIDE of hydrogen gives rise to two characteristic types of reaction: (1) reaction by which it oxidizes other bodies; (2) reaction by which bodies in contact with it lose their oxygen at the same time as does the re-agent. It is to this second type that the physiological properties of the drug are due. Its antiseptic qualities are well known, and in this connection it need only be said that peroxide of hydrogen is not toxic, and that a considerable quantity may be injected intravenously without ill result. A very large dose will cause respiratory embarrassment, and even death, due probably to the decomposition of hæmoglobin. It may be employed with impunity even in the case of children. The hæmostatic action of the fluid is very marked and rapid. If a small quantity be mixed with blood, under the microscope, and the specimen observed as soon as ebullition has ceased, rapid formation of fibrin is seen, while red corpuscles run into rouleaux and lose their colour. The following experiments were made on rabbits:—(1) Transverse incision on the inner aspect of the auricle. Application of wool soaked in twelve per cent. solution. Immediate cessation of capillary hæmorrhage. The central artery continues to bleed. Extreme vaso-constriction, followed after some minutes by vaso-dilatation. (2) The fluid allowed to fall, drop by drop, on a similar wound. Six per cent. solution. Effect more marked than in previous experiment. (3) Twenty-two per cent. solution employed in the same manner, and with the same results. Pain experienced. (4) Twenty-two per cent. solution dropped into the eye. Pain produced. This, however, passed off in five minutes. Conjunctival injection. (5) Injection into the middle ear. Three centimètres of twelve per cent. solution. No evidence of pain. Normal, twenty-four hours after. The application produces, therefore, permanent capillary hæmostasis and a temporary arterial hæmostasis, the latter due to arterio-constriction.

The author has made careful analysis of a number of commercial samples, and arrives at the following conclusions:—(1) Neutral solution readily undergoes spontaneous decomposition. (2) Acidity is necessary for stability, but the amount of acid is of no importance. (3) Exposure to air for five days does not cause decomposition if dust is excluded by a wool plug. (4) Light does not cause decomposition, and coloured bottles are unnecessary.

The most useful solution is one very slightly acid, and containing ten to twelve volumes. The author has used these volumes on five hundred occasions in the