

Schwabach's, Rinne's, and Weber's tests, a medium one (C<sup>1</sup>-256 to C<sup>2</sup>-512). If we pick out from Dr. Harris's observations those only which were made with these forks, we find that they tally extremely well with those we are accustomed to obtain and to record. The addition of the deeper toned forks (C, C<sub>1</sub>, C<sub>2</sub>) for air conduction enables us to obtain very valuable and almost indispensable information in many doubtful cases.

Dundas Grant.

JUBILEE HONOURS.

It is exceedingly gratifying to see the names of several of our leading physicians and surgeons in the list of Jubilee Honours, and the official intimation of the knighthood conferred upon FELIX SEMON, Esq., M.D., is of special interest to laryngologists. His work is so well known to all engaged in this special department, that it is quite unnecessary in our journal to refer to his career in detail. It is sufficient to say that his labours in clinical and pathological research, as well as literature, have received deserved recognition in the scientific world, and he has already received many state and professional honours both here and on the Continent.

While congratulating Sir FELIX SEMON, as we heartily do, on this latest recognition of his work, we would add the conferring of such an honour upon him may also be considered an appropriate recognition of a branch of medical science which has had its origin and attained its present important position during Her Majesty's reign.

ABSTRACTS.

DIPHTHERIA, &C.

Brown, Dillon (New York).—*Antitoxin in the Treatment of Laryngeal Diphtheria: an Analysis of 991 Cases of Laryngeal Diphtheria under Personal Observation.* "Med. Fortnightly," May 15, 1897.

Dr. DILLON gives a tabular list of his cases, with notes.

		INTUBATION CASES.				
		Number.		Recovered.		
July,	1885, to Sept., 1886,	37	.....	7	or 18·9 per cent.	
Sept.,	1886, ,,	1887,	65	.....	15	or 23·0 ,,
	1887, ,,	1888,	89	.....	28	or 31·4 ,,
	1888, ,,	1889,	95	.....	31	or 32·6 ,,
	1889, ,,	1890,	63	.....	19	or 30·1 ,,
	1890, ,,	1891,	63	.....	23	or 36·5 ,,
	1891, ,,	1892,	117	.....	40	or 34·1 ,,
	1892, ,,	1893,	84	.....	32	or 38·0 ,,

Began here with calomel sublimations.

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	Number.	Recovered.	
Sept., 1893, to Sept., 1894,	76 .....	29 or 38·1 per cent.	
„ 1894, „ 1895,	57 .....	25 or 43·8	„ Began here with
„ 1895, „ 1896,	30 .....	17 or 56·6	„ antitoxin.
„ 1896, to April, 1897,	20 .....	18 or 90·0	„
Total,	796	284 or 35·6	„

September, 1894, to September, 1895—

13 cases with antitoxin, and 5 or 38·4 per cent. recovered.

44 cases without antitoxin, and 20 or 45·4 per cent. recovered.

September, 1895, to September, 1896—

27 cases with antitoxin, and 17 or 62·9 per cent. recovered.

3 cases without antitoxin, and 0 or 0 per cent. recovered.

September, 1896, to April 1st, 1897—

19 cases with antitoxin, and 18 or 94·7 per cent. recovered.

1 case without antitoxin, and 0 or 0 per cent. recovered.

The effect of calomel sublimations is also given—

48 intubations ; no antitoxin ; 20 or 41·7 per cent. recovered.

59 intubations ; antitoxin ; 40 or 67·8 per cent. recovered.

9 no intubations ; no antitoxin ; all recovered.

18 no intubations ; antitoxin ; all recovered.

5 died before my arrival.

4 refused operation and died.

5 died of sepsis with only slight obstruction.

It is interesting to note the steady improvement in results as our knowledge of the technique of intubation increased, and as we learned from experience to overcome, with greater success, the dangers and accidents of intubation. The marked improvement after calomel sublimations were used, and the still greater success after antitoxin, is noteworthy. This benefit is seen not only in the larger number of recoveries after operation, but in the increased percentage of cases which recovered without an operation. Thus, of

492 cases ; no sublimations ; 50 recovered without operation, or 10·1 per cent.

340 „ with „ 45 „ „ „ „ 13·2 „

77 „ with antitoxin ; 18 „ „ „ „ 23·3 „

Of course even this under estimates the good results, for the percentage of cases under calomel sublimations or the antitoxin treatment which recover without operation is very much larger. Since the introduction of antitoxin many cases recover, and are never seen by the consultant, which in former years would have undoubtedly come under his notice.

The apparently bad results after the use of antitoxin from September, 1894, to September, 1895, were probably due to two causes : inferior antitoxic serums and insufficient doses. A careful consideration of the cases during this period fails to show any marked difference in severity between those that received and those that did not receive antitoxin.

*R. Lake.*

**Ferré.**—*Human and Avian Diphtheria.* “Arch. Cliniques de Bordeaux,” June, 1897.

IN the first place the author satisfied himself by the Gram-Kühne differential stain that true Loeffler's bacillus was to be found in cultures from false membranes obtained from birds. The bacilli were never found in pure culture, but in association with bac. Coli Comm., Friedlander's diplococcus, strepto- and staphylococci.

He relates one case in which true diphtheria (culture test) in a child could be traced to no other source than a hen suffering with paralysis and false membrane of

the conjunctivæ and throat. The child had plucked feathers from the bird and played with them. Loeffler bacilli were found in false membranes taken from the bird, their true character being proved by inoculation experiments on pigeons, guinea-pigs, and rabbits, as well as microscopic differentiation. The *post-mortem* examination of the hen revealed the characteristic appearances of avian diphtheria. To gain further proof of the identity of the disease in man and birds, the action of antitoxin on the latter was tested.

The author first proved that toxin taken from cultures of avian bacilli produced paralysis in healthy birds. He is now engaged in determining the curative effects of repeated injection of ordinary antitoxin (horse with human inoculation) on birds paralyzed by avian diphtheria. So far the majority of birds subjected to treatment have completely recovered. Material for testing the efficacy of ordinary antitoxin against avian diphtheria during the period of membrane has been difficult to obtain. A case, however, is reported where membrane disappeared after three injections, while a control bird, treated with applications of terebinte (recognized procedure), did not lose the membrane until eighteen days later. Although sufficient numbers of observations have not yet been made, it would seem that proof is now furnished of the identity of the disease in man and birds, experimental inoculation from bird to man alone being wanted.

Waggett.

**Pitts, Bernard.**—*Diphtheria of the Umbilicus*. "Lancet," April 3, 1897.

THE child was aged fourteen days. The cord had separated on the eighth day and the resulting wound had continued to discharge very offensive pus. The umbilicus was found to be the seat of a dirty-coloured wash-leather slough, discharging extremely offensive pus from an opening into which a probe could be passed for about an inch. It was discovered that the mother and a brother of the patient were suffering from diphtheria, and a culture revealed the presence of the Klebs-Loeffler bacillus. The child died, and at the autopsy nothing abnormal was found in the larynx or pharynx, nor was the condition of the pharynx found to extend to any of the deeper structures.

StClair Thomson.

**Sharman, J. Schutz, and D'Esterre, D.**—*Extensive Subcutaneous Emphysema complicating Diphtheria*. "Lancet," April 3, 1897.

IN a boy aged six, affected with diphtheria, subcutaneous emphysema appeared at the root of the neck, giving rise to the characteristic fine crackling feeling and forming tumours above the sternal end of the clavicle. During the next day the emphysema spread upwards to the submaxillary regions and downwards over the chest, and in a few days air could be felt under the skin all over the trunk, but more marked on the right of the middle line. The antitoxic serum was not given. The dyspnoea did not seem at any time sufficiently urgent to necessitate tracheotomy. The patient died, and a *post-mortem* limited to the neck was all that could be obtained. This was sufficient to eliminate the possibility of ulceration or perforation of the trachea as a cause of the emphysema. The trachea and larynx were found to be lined with false membrane.

As permission to make a complete necropsy was not obtained the cause of the emphysema could not be ascertained. The probability is that the emphysema occurred through the rupture of an air vesicle and the escape of air into the adjacent tissue of the mediastinum, and thence to the neck and trunk. StClair Thomson.

**Slater, Charles, and Cameron, J. A.**—*The Antitoxin Treatment of Diphtheria in St. George's Hospital*. "Lancet," June 12, 1897.

GIVES some statistics of the death rate before and since the introduction of antitoxin. The tables do not allow of a strict comparison between the cases treated and those untreated.

An improvement since the introduction of antitoxin is indicated. The general opinion of the physicians using the serum has been that the need for tracheotomy in even severe cases of laryngeal obstruction is now much less frequent than formerly.  
*StClair Thomson.*

**The "Lancet"** (June 12, 1897).—*The Antitoxin Treatment of Diphtheria.*

A LEADING article reviews the present position of this remedy with particular reference to a monograph recently issued by Prof. Ganghöfner, of Prague. ("Die Serum-behandlung der Diphtherie." Heft 1 des 1 Supplementes des Handbuchs der speciellen Therapie innerer Krankheiten. Jena: G. Fischer. 1897.)

After referring to the statistics on the subject the article points out that the general consensus of opinion amongst those physicians who have fairly employed the serum is that its use is followed by results no whit less certain than those which are ascribed to other drugs believed to have a specific action. Thus, in prescribing antitoxin the physician feels sure of obtaining results as definite as those which ensue on the administration of quinine in ague or salicin in rheumatism.

*StClair Thomson.*

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## MOUTH, &c.

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**Bourdette.**—*A Case of Exaggerated Mobility of the Tongue.* "Ann. des Mal. de l'Oreille," May, 1897.

THE case of a man of twenty, the victim of atrophic rhinitis from infancy, who habitually cleared his naso-pharynx of crusts with his tongue. Apart from the condition of the frenum, the organ was natural in size and length, but seemed capable of exploring the whole naso-pharynx and of informing the patient of the existence of his Eustachian orifices and fosse of Rosenmüller. *Ernest Waggell.*

**Geronti, G.** — *Tonsillar Lympho-adenitis.* ("Linfoadenia Tonsillare.") "Archivio Italiani di Otologia," etc. (Fifth Year), 1897.

THE author saw in the Roman clinic a case of tonsillar lymphoma with lympho-adenitis, which had a fatal issue. From this observation he takes occasion to show (with a careful analysis of all recorded cases) the confusion existing in the denomination of malignant tumours made of connective (conjunctive) tissue, as the name "lympho-adenomata" served to indicate several neoplasms. He quotes the clinical fundamental ideas which support the diagnosis of tonsillar lympho-adenitis, according to great importance to the bilateral impairment, etc. He disagrees with Butlin's opinion, according to which tonsillar sarcomata may be considered in strict relation with Hodgkin's disease, and studies the age and sex in which the disease is more frequent. What we have to mention of more importance than all this is the presence of young parasitic elements observed by the author. They are rather scarce; present towards the peripheral parts of the growth in groups of six, seven, eight, or nine; of a round form, strongly coloured by the green malachite, with a refractile capsule usually visible. Some are extracellular, others intracellular, but never have been found in the nucleus, and these are without a capsule. They are the blastomyces which Sanfelice and Roncali have so well illustrated.

Geronti, then, is of opinion that lympho-adenitis has a parasitary origin, and if experiments on animals are unsuccessful, this may be explained by the fact that they are very rare on account of the phagocytic power of cells. *Massei.*