

have recourse to a remedy more active than those usually indicated in treatises.

After mentioning what other laryngologists have proposed, the author proposes to wash the tonsillar crypts with a special syringe containing luke-warm oxygenated water (12 vol.) with a solution of boric acid (3 per cent.) This liquid is carefully injected into every *crypta*, and especially several times into the *recessus* of the palate and in the cavity situated behind the fold of His.

After having done this preparatory washing we must inject many times with the same method into the tonsillar crypts and the surrounding cavities, a lukewarm solution of novocaine of 2 or 3 per cent. in hydrochloride of adrenalin at 1 per cent., and then practise on the tonsil an insufflation of an anæsthetic powder.

The patient obtains an immediate improvement. Sometimes if the treatment is begun at the commencement of the illness the tonsillitis aborts. By freeing the crypts from their contents we are in the best condition to abridge the illness and to avoid the serious complications which may follow a follicular tonsillitis. *V. Grazzi.*

Januskiewicz, A. M. (Kiew).—*Pharyngitis Keratosa Punctata*. "Virchow's Arch.," Bd. 193, Heft 1. Review by BABINSKY in "Arch. f. Kind.," Bd. 49, Heft 1 and 2.

In connection with a case of chronic benign mycosis of the tonsil, from which a piece was removed, it is shown that the cause of this affection is not so much the leptothrix found in these cases as a rod-shaped bacillus described as *B. keratosa*, and somewhat resembling the diphtheria bacillus; it is, however, thinner, and has a tendency to become curved. The bacillus was discovered and described by Wyssokowicz.

Alex. R. Tweedie.

Jovane, Antonio.—*Spasm of the Isthmus Faucium in Children*. "La Pediatria," February, 1907. Review by NETER (Mannheim) in "Arch. f. Kind.," Bd. 49, Heft. 1 and 2.

Three cases of dysphagia in children are described, and all only in respect of solids. All three children were deficient in intellect. One of the cases is reported:

A boy, aged one and a half years; parents blood relations; one brother with the same difficulty in swallowing; breast fed. Solid food was first returned at one year old, when the mother noticed he began to keep it a long time in his mouth, to chew it, and then spit it out. If he was compelled to swallow it, choking and eventually vomiting ensued. This story was corroborated in the clinic. Fluids were easily swallowed. At the age of three the dysphagia gradually disappeared. The child was well nourished but markedly rachitic; the palate is described as hyperæsthetic. He was an imbecile. *Alex. R. Tweedie.*

NOSE.

Lindt, Prof. (Berne).—*A Rare Case of Tuberculosis of the Nose*. "Archives Internationales de Laryngologie, d'Otologie, et de Rhinologie," September-October, 1908.

The author describes a case of a young man suffering from an inodorous, muco-purulent discharge of the right nostril. On examination a soft granulating swelling was discovered involving the posterior third of the inferior turbinate, which easily bled when touched by the probe.

Posterior rhinoscopy showed a granulation about the size of a pea, surrounded by muco-pus. There was a history of syphilis.

On removal the microscopic examination showed granulation tissue with some giant cells. Potassium iodide was given, but had to be stopped on account of catarrhal symptoms set up in the apex of the right lung.

He gave a positive reaction to injections of tuberculin.

The mucous discharge which persisted was cured in three months by sprays of menthol.

Anthony McCall.

Kuhn, Philipp.—*Primäre Nasendiphtherie mit Membranbildung (Rhinitis fibrinosa sive pseudo-membranacea diphtherica) im ersten Lebensmonat* [*Primary Nasal Diphtheria with Membrane Formation in the First Month of Life*]. "A. F. K.," Bd. 47, bis. 1, Heft. 3.

This article chiefly concerns the case of a little boy who from birth up to the second week of his life progressed normally with the exception of a slight and quite transient attack of conjunctivitis. During this period he seemed inclined to sneeze, but his general condition remained good and he took and slept well. He was breast-fed for the first week, but subsequently brought up on the bottle as the mother then developed some puerperal fever. For this reason it was considered best to send the child away to some friends on the eleventh day.

On the nineteenth day he was brought back as he had a "cold" and was obviously "ill." His nasal respiration was impaired though there was scarcely any mucous discharge, apart from which he had no definite symptoms. On the twentieth day great distress and dyspnoea supervened; the temperature, however, remained normal and an examination of the still scanty discharge only revealed the presence of "mouth bacteria," no Klebs-Loeffler bacilli being detected. The mucous membrane was considerably swollen, but was quite unresponsive to various forms of local treatment adopted. The dyspnoea became worse and dysphagia also occurred; so urgent, indeed, did his condition seem that tracheotomy was advised but declined by the father.

After remaining in this state for another two days spontaneous improvement took place, and as then on the fourth day of the disease Klebs-Loeffler bacilli were discovered in a "swab" from the nose, anti-toxin was injected and the child and his attendant isolated. There were, however, now no clinical manifestations of diphtheria, that is to say, "no blood-stained or muco-purulent discharge from the nose, excoriation of the vestibule or enlarged glands, nor were there any throat symptoms."

On the fifth day of the disease a blood-stained discharge appeared, and on the sixth, seventh and eighth this continued and some membrane came away from the nose. After this the child made a rapid and complete recovery.

Dr. Kuhn discusses the ætiology at some length, and is on the whole inclined to consider the boy's illness attributable to the same cause which determined the mother's feverish condition, which he suggests may very possibly have been of a diphtheritic nature, since this factor in the production of puerperal fever may be overlooked. She certainly had had an ulcer on the left labium, which was, however, in no way characteristic of diphtheria. The mother recovered in fourteen days, the only events in her convalescence being two attacks of joint swellings, accompanied by a rash which Kuhn thinks may have been due to the serum used in her treatment.

Generally, Kuhn attaches great importance to a bacteriological examination in all such cases, and emphasises the point that one examina-

tion should not be regarded as sufficient since in this case, at least, the first examination was "negative," though the Klebs-Loeffer bacillus was later found without any doubt whatever.

He regards these cases as true diphtheria if this bacillus is found to be present by an experienced bacteriologist, and thinks antitoxin should then be injected even if there are no corresponding clinical symptoms. He has only been able to find two other cases reported of this disease occurring so early in life, otherwise his case does not appear to differ materially from other instances of this disease nor his views and observations from those most generally held.

Alex. R. Tweedie.

Salzwedel.—*The Treatment of Colds and Chronic Nasal and Pharyngeal Catarrh.* Review in the "Corresp.-Blatt für Schweizer Aerzte," November 15, 1908. Quoted from "Therap. d. Gegenw.," February, 1908; "Centralbl. f. d. Ges. Therap.," Heft 9.

Salzwedel has seen good results ensue by the use of a 0.5 per cent. solution of silver nitrate. He has cured many cases of catarrh which had been of frequent recurrence for some years, and especially such forms as follow attacks of influenza. With the subsidence of the pharyngeal catarrh he also saw other manifestations disappear, which at first sight did not seem to have any causal relation to this condition. Thus, for instance, he noticed recovery from anæmia in children and young girls after such a course of treatment, and even bronchitis and attacks of coughing, the nature of which was attested by cultural experiments, ceased after the application of this solution to the nose.

The treatment is carried out by "pencilling" the interior of both anterior nares as far back as the anterior end of the inferior turbinal (not further), and the whole posterior wall of the pharynx accessible, whilst the patient holds the mouth open and says "ah." The anterior wall of the vestibule is also "pencilled" in the same way. The patient is instructed to incline his head backwards whilst the lotion is squeezed into the nares from a swab, so that the drops run towards the post-nasal space. At first the "pencilling" is limited and only performed lightly; later on energetic swabbing of the recesses of the pharynx is undertaken. In acute cases it is done once daily, rarely twice a day, afterwards treatment every three or four days suffices. Since at the commencement of treatment an increased secretion may take place, it is recommended then only to make this application in the evening about two or three hours before bedtime.

Alex. R. Tweedie.

LARYNX.

Koch, Dr. Adolf.—*Annual Report of the Schömberg Sanatorium for 1907.* "Medic. Corresp.-Blatt. des Württemberg. ärztlich. Landesvereins," December, 1908.

In the conclusion of this report is an account of the congestive treatment and treatment by direct sunlight of tubercular disease of the larynx and their results.

By the first-mentioned method patients who had suffered from difficulty in swallowing reported considerable relief almost directly the bandage was put on, this being especially noticeable in cases of affections of the posterior wall of the larynx. A simple black rubber bandage was used about $1\frac{1}{2}$ inches broad, which was adjusted round the neck below the