

ABSTRACTS.

DIPHTHERIA, &C.

Bark, John.—*Two Cases of Diphtheria in which Curetting of the Trachea was Employed after Tracheotomy.* "Lancet," July 25, 1896.

IN the first case tracheotomy was followed by relief, but after twenty-four hours the breathing became much embarrassed, and was not relieved by the use of feathers soaked in bicarbonate of soda solution. The tracheal incision was, therefore, extended down as low as possible, and the trachea and bronchi scraped with a small Volkmann's spoon with a long handle, and a small fenestrated curette with a long flexible handle. No anæsthetic was used. A firm, tenacious plug of membrane, about the size of the little finger, was brought up with instant relief. The curetting had to be repeated twelve times during the two subsequent days, and afterwards recovery was rapid. In the second case eighteen hours had elapsed after the performance of tracheotomy when cyanosis, inspiratory recession, and great exhaustion became marked. The tube being removed, exactly the same treatment was employed as in the first case, and with a similar happy result, two firm flakes of membrane being removed. The curetting was employed six times in all. In both cases the diphtheria antitoxin was employed. *StClair Thomson.*

Dubost.—*Septic and Pyæmic Complications of Non-Diphtheritic Anginas.* "Thèse de Paris," 1896.

THE author reviews the principal accidents that sometimes occur after anginas, and affirms that, in numerous cases, the pathogenic evolution is obscure. The increase of virulence of streptococci, frequently present in the normal buccal cavity, is probably the origin of septic complications; but it is necessary, although not possible to afford an absolute proof, to ascribe an important part to the toxins elaborated by the bacillus. Two unpublished cases are given. *A. Cartaz.*

Gossage, A. M.—*The Influence of Glycerine in Culture Media on the Diphtheria Bacillus.* "Lancet," Aug. 15, 1896.

RECOMMENDS the addition of about nine per cent. of glycerine to the culture media for the diphtheria bacillus, and prefers glycerine serum to glycerine agar, as the growth is usually greater and the appearance of the bacilli grown more characteristic. *StClair Thomson.*

Kanthack, A. A.—*Metachromatism in Diphtheria Bacilli.* "Lancet," Aug. 22, 1896.

DOES not allow that there is a single morphological or biological character, a single chemical staining reaction of absolute or specific value, which will enable us to say with certainty that a bacillus resembling the Klebs-Loeffler bacillus is or is not the true bacillus—that is, assuming that we are not biased by the clinical knowledge of the cases. Such being his belief, he ventures to protect the tyro from a misconception, warning him against a test which depends on a phenomenon which may be produced with almost any organism in the presence of simple chemical substances. However characteristic metachromatism is—and,

indeed, it is striking—it is not characteristic of the true diphtheria bacillus as compared with the false one; hence as a diagnostic test it is valueless.

St Clair Thomson.

Kassowitz (Wien).—*Has Antitoxin an Immunizing Power in Man? A Critical Study with regard to the Laugerhaus Case.* “Wiener Med. Woch.,” 1896, No. 21.

THE 1895 diphtheria epidemic was unusually benign, for which reason the serum treatment seemed to show good results. Soerensen in Copenhagen had out of thirteen tracheotomies only one death, and all these cases were treated without antitoxin. Antitoxin has now established a great reputation for itself, and, although the sudden death of Laugerhaus' child in consequence of a prophylactic injection at first caused great excitement, the case is not, however, unique, another case being on record. Where the disease itself cannot prevent a second attack, it would be curious if an artificial substance would do it. Also the disease treated with serum does not prevent a second attack, as is observed in some cases. Of eight hundred and sixty-six cases with prophylactic injection sixty-five were affected with diphtheria. Widerhofer has only recently had a separate pavilion for diphtheria. In former times the diphtheritic children were in the same rooms with other patients, but yet there never arose an endemic of diphtheria in the hospital. In Halle, of one hundred and twenty-five immunized children in the clinic, three caught diphtheria; whilst of fifty others in the like circumstances and not immunized only one was affected. Immunized people take diphtheria from one day to sixteen weeks after the injection, so that it cannot be said that only those are affected which were infected previous to injection. The author concludes that the immunization is useless, because, as Behring says, “the possibility of cure depends on the possibility of immunization.” It must also be concluded that the serum treatment is without any effect.

Michael.

On the Relative Strengths of Diphtheria Antitoxic Serums. Report of a Special Commission. “Lancet,” July 18, 1896.

THE results obtained from the use of antitoxin have been less striking in England than those obtained on the Continent. In order to try and explain the difference of the results obtained, the “Lancet” instituted the inquiry, of which we here have the results. The following table gives the quantities of the serums on the market in July, 1896, that must be injected in order to introduce a dose of 3000 units—that now recommended by Behring for severe cases. In this connection it is mentioned that there is nothing sacred in these numbers, and that where considered necessary much larger doses—20,000 units—may be, and have been, used with the best possible results, since excess of antitoxin can apparently do no harm, and may often exert a most beneficial influence.

Source of Serum.	Estimated number of units in bottle.	Quantity required for dose of 3000 units.
British Institute of Preventive Medicine ...	700	42 c.c.
Burroughs, Wellcome, & Co.	100	300 ”
Bacteriological Institute, Leicester.....	400	150 ”
Behring, Hoechst, Germany	600	12 ”
Schering, Berlin	875	17 ”
E. Merck, Darmstadt	150	100 ”
Pasteur Institute, France.....	300	100 ”
Institut Sérothérapeutique, Bruxelles.....	2000	15 ”
William Vogt, Geneva	350	85 ”

The conclusions are :—(1) That a common standard of estimating the strength of antitoxic serum should be agreed upon by English manufacturers. (2) That no

serum should be sent out containing less than sixty normal units per cubic centimetre. (3) That antitoxic serum of higher strengths must also be provided to meet the requirements of treatment in more severe cases of diphtheria. (4) That every sample of antitoxic serum sold should be plainly marked with the antitoxic strength of the serum (number of normal units of antitoxic serum per cubic centimetre), the quantity of serum present in the bottle, and the date of issue. *Stclair Thomson.*

Soerensen (Copenhagen).—*Serum Treatment of Diphtheria in the Beglam Hospital in Copenhagen.* "Therap. Monats.," 1896, No. 8.

THE author gives his statistics, and says:—The mortality of the cases treated with and without serum is nearly the same. The differences in the course of the disease were even less. Neither the mortality nor the development of the disease is influenced in any visible manner by serum treatment, but the curative influence of the serum cannot be excluded with certainty. Some cases were very favourably influenced, and secondary affection of the deeper air passages is certainly more rarely observed in cases treated with serum. But if there is already laryngeal diphtheria, and especially commencing stenosis, the injection cannot prevent the further progress of these symptoms. *Michael.*

MOUTH, &c.

Chassy.—*Variolous Angina: its Value in Diagnosis and Prognosis of Variola.* "Thèse de Paris," 1896.

FROM the examination of eight hundred and nineteen cases of variola, Chassy concludes that angina appears always at the same time as the cutaneous eruptions—viz., at the end of the third day. It is frequently very marked before the cutaneous manifestations; it has the same evolution—macules, papules, vesicles, to pustules. The eruption in the throat is sometimes accompanied by peritonsillar and submaxillary œdema; and angina, by the coincidence with the eruption of the skin, gives an easier diagnosis. *A. Cartaz.*

Gaultier, E.—*Pneumococcal Affections of the Pharynx.* "Thèse de Paris," 1896.

UNDER this title the author describes the various forms of angina caused by the presence of pneumococcus. He divides these varieties into five—suppurative, erythematous, follicular, pseudo-membranous, herpetic. The symptoms of these forms, frequently connected and clinically difficult to separate, are similar to those of pneumonia—intense fever, with high temperature, violent shivering, etc. The local symptoms do not differ very much from those of ordinary angina not due to the pneumococcus. *A. Cartaz.*

Helbnig (München).—*On Muscular Macroglossia.* "Jahrbuch für Kinderheilk.," Band 41, Heft 3 and 4.

IN a five-months-old child the author observed a tongue enlarged in all diameters. A portion of the tongue is always outside the mouth. The food is taken easily. Seen some months later, the organ is more enlarged, and cannot be drawn into the mouth. It was treated with Paquelin's cauterly, and within a few weeks the tongue could be retracted. Death occurred from croup some months later. The examination of the tongue gave the same results as that of hypertrophy of other muscular organs. *Michael.*