

sentiments cordiaux et l'assurance de notre considération la plus distinguée.

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UTRECHT, December, 1898.

Abstracts.

DIPHTHERIA, Etc.

Ausset, E.—*Diphtheritic Angina and Laryngitis in a Child Nine Months of Age.* "Bull. Soc. de Méd. du Nord," November 25, 1898.

RARE case of diphtheria in a child nine months old. The pharynx and larynx were involved, and the pseudo-membranous patches were characterized by Loeffler's bacillus. Intubation: the tube remained in the larynx for twelve hours; at the same time an injection of 10 c.c. of antidiphtheritic serum was given. The following evening, reintubation necessary. The third day disappearance of laryngeal troubles and cure.
A. Cartaz.

Gerovscy.—*Concerning the Serum Question.* "Wien. Klin. Rundsch.," No. 38, 1898.

THE author highly recommends the use of heilserum for treatment of diphtheria as the best cure.
R. Sachs.

Kassowitz.—*Serum Therapia and Diphtheria.* "Wien. Klin. Rundsch.," No. 23, 1898.

THE author does not believe that the treatment with serum gives such good results as Behring and some other authors report; the reason is, that more patients are treated now as diphtheria, whilst sometimes there is only a slight inflammation of the throat, in which is found the Loeffler bacillus. On the whole Kassowitz is no friend of the serum therapia, and mentions the very good results in the treatment of diphtheria by old known methods.
R. Sachs.

Meunier, H., and Bertherand.—*Clinical and Bacteriological Study of a Case of Diphtheroid Angina with Leptothrix.* "Archives de Méd. des Enfants," October, 1898, p. 577.

CHILD three years old, with angina, having all appearances of diphtheria, local and general symptoms. The cultures contain no Loeffler's bacillus, but in abundance a variety of leptothrix, similar to *Leptothrix buccalis*. The angina had the ordinary evolution of diph-

theritic angina, but the injection of antidiphtheritic serum had no effect on the disease. The child was cured. *A. Cartaz.*

Meyer.—*The Spreading of Diphtheria.* “*Corr. Bl. f. Schweiz. Aerzte,*” No. 14, 1898.

In a family two children were taken ill with diphtheria and then removed into a hospital; the other members of the family still came in connection with other people. The author examined them and found one had a serious diphtheria of the pharynx, the other diphtheria of the nose, and the third diphtheria bacilli on the mucous membrane of the pharynx, without any other symptoms. The author concludes from this observation that it is very difficult to prevent diphtheria spreading. *R. Sachs.*

Pauthen.—*Treatment of Diphtheria.* “*Med. Corresp. Bl. d. Wuertemb. Aerzte Dez.,*” No. 27, 1897.

The author recommends highly the use of aqua chlori (recent preparation) as a very good remedy for diphtheria; every two hours a teaspoonful of a mixture containing 30-75 per cent. aqua chlori. Only 2 per cent. mortality. *R. Sachs.*

Warturvictor.—*Serum Therapia of Diphtheria.* “*Corr. Bl. f. Schweiz. Aerzte,*” No. 17, 1898.

The author recommends the heilserum as a very good remedy for prophylactic injections, and for cure of diphtheria. *R. Sachs.*

Woldbert, Albert (Philadelphia).—*Facts regarding the Death-rate of Diphtheria when based on the Mortality Statistics of a City.* “*Medical News,*” September 29, 1898.

The author points out that to ascertain the value of antitoxin in diphtheria, when based on the mortality records of a city, there are certain points to be remembered, amongst others that in certain years various diseases are more prevalent, therefore a series of years should be compared, and also that all diseases in certain years appear to be more fatal than in others. To instance this he gives the following tables of diphtheria, membranous croup, scarlet fever, typhoid, and small-pox, in Philadelphia from 1892-1897, obtained from the Bureau of Health of that city.

Number of cases of diphtheria, membranous croup, scarlet fever, and small-pox, from 1892 to 1897 :

| | 1892. | 1893. | 1894. | 1895. | 1896. | 1897. |
|---------------------------------|-------|-------|-------|-------|-------|-------|
| Diphtheria | 5051 | 3149 | 3159 | 3351 | 3191 | 5031 |
| Membranous Croup Not obtainable | | 322 | 449 | 502 | 404 | 374 |
| Scarlet Fever | 6350 | 2849 | 1122 | 1195 | 1042 | 3553 |
| Typhoid Fever | 2304 | 2519 | 2357 | 2748 | 2489 | 2994 |
| Small-pox | 7 | 43 | 136 | 319 | none | none |

Number of deaths from diphtheria, membranous croup, scarlet fever, typhoid fever and small-pox from 1892 to 1897 :

| | 1892. | 1893. | 1894. | 1895. | 1896. | 1897. |
|----------------------|-----------------|----------------|-------|-------|-------|-------|
| Diphtheria | 1435 | 916 | 1047 | 1020 | 862 | 1213 |
| Membranous Croup | } Reported as } | } diphtheria } | 243 | 349 | 329 | 293 |
| Scarlet Fever | | | 485 | 267 | 153 | 79 |
| Typhoid Fever | 440 | 456 | 370 | 469 | 402 | 401 |
| Small-pox | none | 5 | 13 | 45 | none | none |

Mortality from diphtheria, membranous croup, scarlet fever, typhoid fever, and small-pox, from 1892 to 1897 :

| | 1892. | 1893. | 1894. | 1895. | 1896. | 1897. |
|----------------------|--------------|-------|-------|-------|-------|-------|
| Diphtheria | 25·57 | 29·08 | 33·11 | 30·75 | 27·01 | 24·48 |
| Membranous Croup | Unattainable | 75·46 | 71·71 | 65·53 | 72·52 | 64·97 |
| Scarlet Fever | 7·63 | 9·37 | 13·63 | 6·61 | 5·85 | 7·93 |
| Typhoid Fever | 19·09 | 17·75 | 15·69 | 17·06 | 16·15 | 13·39 |
| Small-pox | none | 11·62 | 9·56 | 14·10 | none | none |

He believes, therefore, that it is yet too soon to come to an absolute conclusion as to the value of antitoxin, but that in many cases its administration is postponed until the chances of the recovery of the patient are very much lessened.

Sir George Reid.

MOUTH, Etc.

Bergeat, Dr. Hugo (Munich).—*Mucous Plaques on the Posterior Pharyngeal Wall.* "Münchener Medicinische Wochenschrift," No. 47, 1898.

Mucous plaques in this situation are apparently of rare occurrence. Schech and Leissl state that they have not observed them. Their existence has been noticed by Lewin. The author has seen two cases, and gives the following description of one. The pharynx showed five soft raised prominences running parallel and perpendicularly. They formed a series of eminences of unequal breadth, which extended from one side of the pharynx to the other. The appearance was further completed by a covering of frothy epithelial opacity on these projections. The opaque part showed flat perpendicular strips 2 to 3 mm. broad on the top of the mucous elevations, like the well-known light-gray colour of other mucous papules; it was more intense in the middle and lessened towards the edges. On simple inspection of the pharyngeal wall the upper end of the plaques could not be seen; with the pharyngeal mirror they were seen to become flat. Their lower ends were rounded off, the middle and smallest at the level of the edge of the epiglottis, the others a few millimetres lower down. There were other plaques on the tonsils and base of tongue. The patient complained of pain on swallowing and mucus collecting in his throat which had lasted for two months. They disappeared in a fortnight with local and general antisyphilitic treatment.

These syphilitic opacities may escape observation on casual examination owing to their resemblance to mucus passing downwards.

Guild.

Bernheim.—*Stomatitis Ulcerosa.* "Gesellsch. d. Aerzte in Zurich, fau.," No. 15, 1898.

THE author thinks it strange that the not infrequent localization of stomatitic ulcers on the tonsils is not mentioned in German literature: only French and Russian physicians give descriptions of it. If this disease only appears on the tonsils, it is very easy to make a mistake and diagnose diphtheria. But there are enough symptoms not to confound it with diphtheria: there is no fever; the illness progresses very slowly; and in most cases there is only one tonsil ulcerated. Another important point is the bacteriological examination.

R. Sachs.

Clerc, Le.—*Gouty Angina.* "Normandie Méd.," December 15, 1898.

THE author relates a typical case of gouty angina. The patient, thirty-six years old, subject to rheumatism and gout, has an angina, probably