The Diphtheria Bacillus in the Organs—Ex.—*Revue Gen. de Path. Int.*, January 5, 1899.

Some recent research establishes that the Loeffler bacillus does not penetrate much beyond its entering point, and that it does not find its way into the blood and organs, except when it is associated with the staphylo or streptococcus. In this case, it is found in the blood and organs in abundance. These facts confirm Barbier's theory that the diphtheria bacillus does not find a ready foothold in man, and that it requires a soil prepared by some other infection. The importance, therefore, of keeping away from diphtheritic infection, persons already affected by some other infection, becomes more and more evident by these later researches. When the streptococcus is associated with the diphtheria bacillus, the general condition is serious; there are apt to be cardiac accidents, very rapid and irregular pulses; the patient has diphtheria and also septicemia. The local treatment should be energetic and serum injected early and often.

SCHEPPEGRELL.

VII. INSTRUMENTS AND THERAPY.

A New Hearing Device—EMIL AMBERG, Detroit—*Physician and Surgeon*, March, 1899.

The author suggests a new hearing device, which allows the use of a large number of sound waves. In reaching this purpose a large receiver cannot be avoided. In a great many cases it will be possible to make use of this device from a distance, that is, in church, et cetera.

Although the instrument is large in size, it is not very noticeable as it is held in the lap. Attention has also been paid to the form of the tip. Instruments of this kind have to be tried by the patients, and ought to be modified for the individual.

The illustration is taken from the instrument and is about one-seventh of its size.

Protargol in Rhino-Laryngological Practice—A. ALEXANDER—*Archiv für Laryngologie*, Band ix, Heft 1, 1899.

After a description of the remedy and a brief sketch of its literature, Alexander gives his own experience. In acute cases of all

kinds he finds protargol worthless. It exerts no apparent influence over any of the acute inflammations (tonsillitis, pharyngitis, laryngitis), although it was given a fair trial in many cases. In chronic disorders, on the other hand, it seems to be of great value. Chronic pharyngitis and atrophic rhinitis are very favorably affected. Naturally in cases of this kind the treatment must be prolonged. The author, however, says that its great field is in the treatment of empyema of the sinuses, particularly the maxillary sinus. He reports most brilliant results, and urges those who are in charge of such cases to give it a trial. He uses for this purpose a 5 per cent solution, while in the treatment of pharyngeal and nasal affections he has found that a 1 per cent. solution is better. Another use for protargol is in vaso-motor coryza—hay fever. Here he claims to have had astonishing results from painting the swollen nasal structure with a $\frac{1}{2}$ per cent solution. One advantage possessed by the remedy is that used in ordinary strengths it produces no irritation. VITRUM.

Treatment of Ozena by Unipolar Interstitial Electrolysis—HERR

BRAAT, Arnheim—*Journ. L., R. et Otolog.*, March, 1899.

Fifteen cases had been treated in eighteen months. In three the result was negative. Empyema was found in ten of these cases.

In eleven (11) cases, five were quickly cured by three, seven, five, eight and six sittings respectively. Four of the cases were seen four months later, and the cure was permanent. The crust formation was but little, and the fetor was absent. The author believes that the current stimulated the trophic nerves.

The sitting took place at intervals of ten to fourteen days and lasted five to ten minutes. The current strength was 19 to 20 m. a.
LEDERMAN.

Treatment of Diphtheria—H. M. McCLANAHAN—*West. Med. Rev.*,

Vol. iv, No. 2, February, 1899.

The author advocates the use of mercurials in the beginning. The resistance to swabbing offered by young children usually overbalances all the good that is accomplished. Where competent nurses are not employed, physicians should give personal attention to the use of the spray. In the nasal variety the best local treatment is irrigation with a mild alkaline solution by means of a fountain syringe. The use of antitoxin is advocated. The writer commends the use of nascent oxygen when there is extension of the disease into the bronchial tubes and air vesicles, and relates a case of his own in which the life of a child cyanotic from this condition was saved by the inhalation of twenty gallons of oxygen during the night.
EATON.