

EPITOME OF CANADIAN MEDICAL LITERATURE FOR THE FIRST QUARTER OF 1894.

[*Canada Lancet*.—January.]

"DIPHTHERIA, ITS CAUSE AND TREATMENT," forms the title of an article by Dr. B. Milner, Toronto. He defines the disease, shows how contagion takes place, details at length his plan of local and general treatment, with a description of the therapeutical action of the drugs used, compares intubation and tracheotomy, and closes with the citation of four interesting cases.

"CEREBELLAR HEREDO-ATAXIA," by Dr. Pierre Marie, translated by D. C. Meyers, is the second feature of the above-named issue. This paper discusses at length the nature of this disease, its family tendency, its symptoms as compared with Friedrich's disease, and an exhaustive discussion of each symptom. The subject is concluded in the February number.

"A NEW METHOD OF DIAGNOSIS OF THE ACCESSORY SINUSES OF THE NOSE" is the next article, by M. McFarlane, M.D., Toronto. He describes the process of transillumination of the antrum and other cavities by means of an electric light introduced into the mouth, thus affording a comparison of the two sides. Pus, tumours, polypoid degeneration of the mucosa cause a shading of the side they are on, while a mucous polypus, being translucent and refractive, would cause an intensity of light on that side. He further shows how to transilluminate the ethmoidal cells and the frontal sinus.

[*Canada Lancet*.—February.]

The February number has for its opening communication one entitled "FLAT-FOOT, ITS DIAGNOSIS AND TREATMENT," by Dr. W. W. Bremner, Toronto. The differential diagnosis, symptoms and treat-

ment are specially spoken of. As to treatment, bandaging the foot well, and the use of a light steel foot-plate are sufficient in the milder cases; where considerable deformity exists, however, the patient should be etherized, the foot forced into a position of extreme equino-varus, breaking adhesions; the foot maintained in this over-corrected position by means of plaster of Paris for two or three weeks, when the plates may be applied. Massage and certain exercises are recommended then to overcome the stiffness.

"THE FAILURES AND SUCCESSES OF BROMOFORM IN WHOOPING-COUGH," a paper by Dr. J. T. Duncan, Toronto, appears in order. The paper first reports cases where the disease appeared to be uninfluenced by the drug, and in two cases where in large doses as a result of mal-prescribing, it proved toxic, but not fatally so. In the majority of the cases in which it had been tried, it proved a good success. This prescription is appended:

R Bromoform.....fl. ʒi.  
Alcohol.....  
Tr. card. co.....āā fl. ʒii.  
Glycerine.....fl. ʒxii.

The dose of the drug is roughly ℥j for year of the child's age.

[*Canada Lancet*.—March.]

"THE PATHOLOGY OF DIPHTHERIA, STATUS PRÆSENS."—T. E. Slatterthwaite, M.D., New York. This paper opens by a reference to the etiology, pathology and clinical history of this disease. The membrane, it is shown, is not necessarily a characteristic of diphtheria. The cause of the true variety is now generally conceded to be Loeffler's bacillus. Many cases admitted to hospitals under the name of diphtheria are really not so. In these cases, other kinds of bacilli and cocci were found. Loeffler's bacillus does not confine itself to the throat alone, but may be found in various tissues and