Abstracts.

FAUCES.

Hill, H. W. (Boston).—*Innocent Cases reported as Diphtheria.* "Boston Medical and Surgical Journal," December 15, 1904.

Gives methods of determining, under bacteriological control, whether cases diagnosed as diphtheria are true instances of that disease.

Macleod Yearsley.

Siebert, A. (New York).—*A Contribution to Diphtheria in Early Life.* "Archives of Pediatrics," February, 1905.

This article is divided into three parts: (1) Hidden nasal diphtheria with severe systemic infection; (2) diphtheria of the tongue, the lips, and the conjunctivæ, with little systemic infection; (3) paralysis of the soft palate from hidden diphtheria. Each part describes a case. In the first (female, aged twenty-three months) the history proves "that a negative report as to the presence of Loeffler bacilli is of no value in a doubtful case of diphtheria," and "that a serum test is indicated wherever diphtheria is suspected." The second case, a male, aged seven weeks, showed an astonishing expansion of the local colonies of diphtheritic organisms with very little systemic poisoning. The third case was a child aged eight weeks, in whom a mild tonsillitis had been diagnosed by the general practitioner. The paralysis appeared bilaterally well marked and equally divided on both sides. The pulse was slow, the temperature subnormal, and there was marked apathy. The paralysis appeared as early as eight days after the onset of the illness.

In discussing his three cases the author emphasises the doubtful value of an early bacteriological finding and prefers rather to be guided by clinical diagnosis. He considers that the serum treatment of diphtheria is now the only correct treatment and the safest test.

Macleod Yearsley.

PHARYNX.

Klug, Ferdinand (Budapest).—*Retropharyngeal Abscess of Auricular Origin; Erosion of Carotid; Death from Hæmorrhage 24 Hours after Opening the Abscess.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," July, 1904.

On September 12, 1902, a young girl came to hospital with a purulent discharge from the left ear of two years' duration. A year ago a swelling appeared behind the ear, which was opened, and since then pus had flowed from a fistula at the site of incision. There was no history of tuberculosis. Right ear normal. Left concha nothing unusual, left external meatus narrowed and filled with fœtid pus. Behind the ear was a funnel-shaped opening which when probed yielded evidence of bare bone at a depth of 1 cm.

On September 15 the child fell ill with scarlet fever, so that operative measures which had been decided upon were deferred. On this day a sequestrum was removed during the dressing. October 1—Wound looked healthier, was granulating, less discharge, no fœtid odour. On

account of the child's feebleness it was resolved to hold an operation in abeyance. October 2—Pain about the left ear complained of. Temp. 30° C. Urine contained a little albumen.

In the absence of any auricular change to explain the fever, scarlatinal nephritis was held responsible. The fever lasted till October 8. Ear discharge was moderate, slightly fœtid. The glands in the neck and axilla, especially on the left side, were swollen. The first sound of the heart was scarcely audible, no bruit. The quantity of albumen in the urine increased. There were irregular exacerbations of temperature, especially at evening, but no shivering. October 14—Albumen had practically disappeared, evening fever continued. The state of the wound and cervical glands remained unchanged. October 15—Temp. 39·7° C. On the left side of the posterior pharyngeal wall a fluctuating swelling the size of a pigeon's egg was observed; when opened a teaspoonful of pus escaped. A radical operation was decided to be done on the next day. October 16—No fever. Patient expectorated a little blood, which seemed to relieve her: she was pale, but felt very well. On examining the pharynx, the posterior wall bulged forward; the abscess cavity had filled afresh. Shortly after the examination a copious hæmorrhage occurred, and despite all hæmostatic endeavours, death ensued.

The autopsy revealed an abscess cavity behind the posterior wall of the pharynx in connection above with the region of the carotid canal. The internal carotid was perforated at this situation. A sequestrum discovered in the pus of the abscess was taken to be the median wall of the carotid canal. Hæmorrhage resulted from erosion of the carotid artery; the blood found its way directly into a pre-formed abscess cavity and escaped through the seat of incision in the pharyngeal abscess made twenty-four hours previously. *Clayton Fox.*

NOSE.

Goodale, J. L. (Boston).—*The Ultimate Results of Cauterisation of the Lower Turbinate, with Therapeutic Suggestions based upon Histological Findings.* "Boston Medical and Surgical Journal," December 29, 1904.

The author gives details of six cases, and thus summarises the histological phenomena observed therein:

(1) Caustic applications to the nasal mucous membrane may cause a loss of the columnar, ciliated epithelium, with a replacement of this by cells of a squamous type.

(2) Such applications may cause an obliteration of the canaliculi in the basement membrane.

(3) Immediately below the cauterised mucous membrane new connective tissue may be formed, which extends downwards to a depth dependent upon the intensity of the trauma.

(4) The contraction of the tissues which is observed clinically to follow caustic applications is due to the contraction of this new-formed connective tissue, and the consequent compression both of the lymph-sinuses and of such cavities as the lumina of blood-vessels and glands.

(5) Repeated superficial applications of caustics tend to the formation of connective tissue immediately beneath the epithelium, which, by its contraction, may constrict the lumen of the ducts of the glands, and lead to cystic dilatation of the latter. This may contribute to a subsequent return of the nasal obstruction. Such applications become progressively