

Abstracts.

PHARYNX.

Semon (London).—*A Return to the Question of Pneumococcic Invasion of the Throat.* "Monats. für Ohrenheilk.," Jahrg. xlii, Heft. 7.

Sir Felix Semon gives the history of a case of ulceration in the throat, which presented to the mind of the physician who saw it some months before the appearance of tertiary syphilis of the tonsil, but which had not improved under treatment with iodide of potassium and mercury. The patient was in a state of great depression, with severe pain shooting from the throat up to the right ear and extreme dysphagia. The right tonsil was scarcely enlarged, but was covered with a thick whitish exudation, which extended upwards in the naso-pharynx to the level of the Eustachian tube, inwards on the soft palate as far as the base of the uvula, and downwards to the level of the base of the epiglottis and over the right third of this body. The breath was extremely fœtid. There was a striking absence of any enlargement of the cervical glands on the right side, but the whole of the right lateral cervical region about the sternomastoid muscle was extremely tender on movement and pressure. Palpation of the tonsil was extremely painful in spite of the application of cocaine. It was then found that the exudation covered a large funnel-shaped ulcer with the apex running downward, and which obviously extended through the whole thickness of the tonsil. The inner surface of the ulcer and its base felt soft and pulpy, so far as could be made out through the exudation, and the margins were neither raised nor indurated. The treatment was locally antiseptic and constitutionally supportive, and after various fluctuations the patient slowly recovered. The bacteriological examination showed the immense predominance of the pneumococcus. The writer discusses the diagnosis from syphilis, and refers to the extreme rarity of the condition. Dundas Grant.

Nobécourt, P., and Tixier, Léon.—*Note on Hypertrophy of the Pharyngeal Lymphoid Tissue: Its Relations with Tuberculosis.* "Gazette des Hôpitaux," September 22, 1908.

The authors have investigated twenty-two children, the subjects of adenoids and hypertrophied tonsils, their ages ranging from thirty-one months to fourteen years. The tonsils, naso-pharyngeal and palatine, were submitted to bacteriological and histological examination, and the children underwent the tuberculin tests (subcutaneous, skin, and ophthalmo-reaction). The results are appended in tabular form.

Out of these children, thirteen had no clinical manifestations of tuberculosis; in six the signs were doubtful (peripheral poly-adenopathy, mediastinal glandular enlargement and apical bronchitis). In three only was tuberculosis unquestionable (two, incipient tuberculosis of the apex, and one, tubercular cervical glands). Subcutaneous injection of tuberculin in a dose of .1 milligramme was made in eighteen subjects. A positive result followed in seven instances, two of which were considered clinically tuberculous.

The skin-reaction was applied in eighteen cases; the result was positive in twelve, especially so in the case of two known to be tuberculous and in two others suspects, who had reacted to the subcutaneous injection of tuberculin.

The ophthalmal-reaction test was practised thirteen times; a positive result followed four times only, especially so in two admittedly tuberculous.

In short, as a result of the tuberculin tests only five out of twenty-two children could be considered free from tubercle, yet the majority of them enjoyed good health. The tonsils were inoculated into guinea-pigs, but many of them died too rapidly to afford any information as to tuberculosis. In seven where an autopsy had been made at the correct period no tubercular lesion was found; amongst these were two which had been inoculated with tissue from tubercular children. As regards inoculation with adenoid vegetations, in one case only was a pig tuberculised, and in this instance the vegetations belonged to a child not clinically tuberculous. The tonsils were histologically examined in sixteen cases and adenoids in fifteen; no tubercular focus was observed. Multiple sections were made from the vegetations which had tuberculised the guinea-pig, but revealed nothing. Preparations stained by Ziehl's method gave no indications of Koch's bacillus. Tuberculisation had no doubt been determined by bacilli, existing either on the surface or deep in the naso-pharyngeal mucosa, but which in any case had not had time to set up specific lesions there. The writers conclude as a result of these researches that proof is wanting that the pharyngeal lymphoid tissue serves as a portal for bacillary infection. The observations, besides, go to show the existence of cervical and mediastinal non-tubercular adenopathies amongst the subjects of adenoid vegetations and hypertrophied tonsils.

H. Clayton Fox.

NOSE.

Mermod (Lausanne).—*Unilateral Ozæna and Subcutaneous Resection of the Septum.* "Annales des Mal. de l'Oreille, du Larynx, du Nez, et du Pharynx," August, 1908.

According to the author's experience, unilateral ozæna does not occur when the nasal fossæ are of equal calibre. It is invariably associated with deviation of the septum, and the wider fossa is the seat of the malady. In a typical case of the kind, one finds the narrower fossa in a state of catarrhal rhinitis, the result of mechanical obstruction, while on the wider side there are crusts, fætor and dryness, the inferior turbinated body is atrophied and the middle one either hypertrophied or the reverse. Difficulty in breathing is experienced equally on both sides, in the one case arising from encroachment of the septum and catarrh, and in the other from crusting and dryness. In dealing with these cases, the writer has obtained the most happy results from submucous resection; it is necessary to avoid a perforation, which is not difficult, for in the cases in question the septal mucosa is never so atrophied as that of the turbinated bodies. Details of four cases instancing the success of the operation are given. In all the catarrh on the narrowed side was cured, whilst the crusting, discharge, fætor and dryness on the ozænatous side ceased, the mucosa became more or less moist and lavages could be dispensed with.

H. Clayton Fox.

Grace, R.—*The Treatment of Hay Fever.* "Therapeutic Gazette," August 15, 1908.

The author considers nasal operation leaving scar tissue liable to be dangerous, and advocates painting the congested and sensitive area of