

(6) *Inoculation of Guinea-pig.*—Report: The surface of the piece of tissue was sterilized by careful searing. The tissue was then minced and implanted subcutaneously into a guinea-pig. The guinea-pig was inoculated on July 13 and killed on October 16, and showed no signs of tuberculosis, either at the seat of inoculation or elsewhere. The guinea-pig weighed 650 grm. at the time of inoculation and 870 grm. when killed (A. N. Leatham).

*Note.*—With regard to the title of this case, *i. e.* “Lupoid Tuberculosis,” the term “lupoid” was employed to differentiate these cases intermediate in degree between the two types of tuberculosis and lupus—*i. e.* to describe the clinical appearance—*viz.* a deep infiltration of a lupus character, showing no evidence of miliary tuberculosis or ulceration. The retention of this title has since been approved by Prof. Shattock.

I suggest that it would be more accurate to describe the case as “Primary tuberculosis of the nasopharynx and pharynx, in the latter position being of a lupoid type, and affecting specially the uvula and soft palate.”

(To be continued.)

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## Abstracts.

### NOSE.

**Report of Interesting Nasal Cases due to Syphilis: Remarks on Obscure Syphilitic Nasal Symptoms.**—Dunbar Roy. “Annals of Otology, etc.,” vol. xxvi, p. 967.

Three cases are reported. The author deprecates too great dependence upon the Wassermann reaction as a final test to the exclusion of clinical observation. He urges the importance of syphilis as the fundamental cause of many obscure rhinological conditions which resist ordinary treatment. The cases reported are too long and complicated adequately to bear condensing.

*Macleod Yearsley.*

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### LARYNX.

**Contusion of the Larynx.**—Drs. Thollon and Labernadie. “Rev. de Laryngol.,” July 31, 1918.

The writers have seen only four cases of the above condition during two years in which they were in charge of an oto-rhino-laryngological centre in the French Army. In every case there was a superficial through-and-through wound of the front of the neck which did not penetrate any of the laryngeal structures. The patients had complete aphonia and gave a history of sensation of a blow at the time of the wound, immediately followed by hoarseness. There was no dyspnoea, and only slight dysphagia in one case which lasted one day. X ray showed no foreign bodies. The appearances seen were a bluish submucous ecchymosis of the lateral pharyngeal wall, extending up beyond the palate

and down into the space between the tongue and epiglottis. In all cases there was a bluish swelling of the ventricular bands of varying degree. In one case one ventricular band protruded into the cavity of the larynx, hiding the greater part of both cords. On attempted phonation the arytaenoids did not come into accurate apposition, probably owing to paresis of the interarytaenoid muscles. There was no exudate. The lesions disappeared and the voice returned by about the twentieth day. The condition was probably caused by the missile giving the thyroid cartilage a glancing blow and nipping the soft tissues between the latter and the vertebral column.

*J. K. Milne Dickie.*

### MISCELLANEOUS.

**Status Lymphaticus.**—Douglas Symmers (New York). "Amer. Journ. Med. Sci.," July, 1918.

Status lymphaticus may be defined as a combination of hereditary constitutional anomalies, entering into which are certain peculiarities of configuration, with preservation or even hyperplasia of the thymus gland at an age when involution is to be expected, hyperplasia of the lymphoid cells in the lymph-nodes, spleen, intestine and elsewhere, hypoplasia of the cardio-vascular system, developmental deficiencies in the genitalia, and incidently, visceral defects of uncertain occurrence and irregular distribution. It is compatible with life, but is nevertheless a menace because it is attended by instability of the lymphoid tissues, providing a mechanism which is capable of so sensitising the body as to produce anaphylactic phenomena varying in intensity from simple urticarial rashes to convulsive seizures or sudden death. The same irritability of the tissues is apparently responsible for the lowering of the threshold of infection, particularly of those infections which gain entrance through the pharyngeal and faucial tonsils and the intestinal tract. It is also a menace because it is attended by defective development of the muscular coats of the arteries, thus rendering them incapable of withstanding changes in blood-pressure which, in ordinary circumstances, are lightly borne. Among 4000 autopsies at the Bellevue Hospital 249 cases of this nature were recognised. The sex proportion was six males to one female. The age varied from under one year to over sixty, the greatest number belonging to the third decade. Two types are recognised—namely, status lymphaticus proper, and recessive status lymphaticus; the latter is marked by atrophic changes of greater or less degree in the lymphoid structures. In no case did an enlarged thymus appear to have been a mechanical factor in the production of death. In the 118 cases of well-developed status lymphaticus the faucial tonsils were hyperplastic in 51 per cent., the lingual tonsils in 49 per cent., and the pharyngeal tonsils in 37 per cent. The lymph-nodes showed the presence of greatly increased numbers of lymphocytes, and in a majority of cases, but especially often in subjects who had died suddenly and in response to apparently trivial provocation, the lymph-nodes showed a peculiar necrotic change in their germinal areas. Sudden death in this condition is probably in some cases connected with the release of nucleoproteids formed as a result of destruction of innumerable germinal follicles. That acute necroses may occur in irregular showers is shown by the presence of all stages of both necrotic and reparative processes

in the same lymph-node. It may be supposed that the anaphylactic reactivity of the body is determined by the number of acute necrotic lesions in the germinal follicles, or, in other words, that the incubation period in man, as in experimental animals, varies with the initial dose of the sensitising period. It is naturally to be expected that early sensitisation follows a small shower of necroses, and that larger showers are succeeded by longer periods of incubation. At one moment the tissues are exquisitely tuned and await only the receipt of a sufficient quantity of specific protein to react violently, even to the point of sudden death, while at another moment events are so timed that the same quantity of specific protein exerts no such effect—a fact which tends to explain why certain subjects of status lymphaticus survive surgical and other procedures which, in others, are attended by disaster. In this instance it is apparently a question of anaphylactic reactivity dependent upon the number of acute necrotic lesions in the lymph-nodes, and upon the interval which has elapsed since their inception. Hypoplasia of the cerebral vessels is also of great importance in relation to sudden death in status lymphaticus. It was the cause of death in seven of the 249 cases. Lastly, the writer's statistics indicate that the subjects of status lymphaticus are peculiarly susceptible to a number of acute infections, and show comparatively little power of combating such infections.

*Thomas Guthrie.*

**Speech Defects: Stammering.—Kenyon.** "The Laryngoscope," September, 1918, p. 666.

Stammering is distinguished by emotional disturbance accompanied by a distressing spasmodic abnormality of action of the peripheral organs of speech. Under present conditions opportunities for treatment are utterly inadequate. Lay efforts cannot be depended upon to solve the problem because of the narrowness of lay knowledge. Medical efforts sometimes also fail for the same reason. The problem can be completely solved only by physicians especially educated and trained for the work. Medical specialists and well-educated laymen must work in harmony. Provision for the education of both physicians and laymen must be provided at large medical centres. The solution is probably a system of prophylaxis and treatment applied in the public school. Treatment rests on the principle of educated self-control, *i. e.* control of the peripheral speech mechanism and of the emotional and nervous disturbance. The period of treatment varies greatly. In difficult cases it must extend through many months.

*J. S. Fraser.*

**Technique of Plastic Surgery of the Face.—Frank.** "The Laryngoscope," August, 1918, p. 565.

The author remarks that trench warfare has brought into prominence the need of plastic surgery owing to the production of a large number of mutilating wounds of the face involving great loss of substance of soft parts and bone. Men returning to-day as soldiers with deformities are hailed as heroes, but later, unless skilfully treated, they will become objects of pity. The first operation should consist in a complete trimming away with scissors of the sloughing area of the ragged wounds, preserving as much normal tissue as possible and bringing the edges loosely together with sutures. The time for further operative interference differs, depending upon the character and the cause of the defect. In civil life cases usually come long after the accident with scar-formation and

consequent deformity, but minus the greatest foe to surgical success— infection. After making a proper survey of the defect to be covered, and forming a good general idea of the plan to be followed, it is best to employ clean-cut incisions where possible in the natural folds of the skin and obliquely rather than at right angles, as the scar is less prominent and apposition more perfect. A good safe rule to follow is to make the flap one-third larger than the defect to allow for shrinkage. The blood-supply of the flap is of the utmost importance. A sharply-twisted pedicle will severely jeopardise the life of the flap. We should have no hesitancy about performing numerous operations upon the same patient if the desired result is to be obtained. Plastic surgery at best is an art requiring a delicate technique. The chances of success will be very much enhanced by the employment of aseptic measures. For this reason we must endeavour always to produce complete hæmostasis. To relieve tension the chief support is given by deep nickel-wire sutures, which should not pass through the mucous membrane. They are placed from one to one and a half centimetres apart, and tied so tightly (over plates placed on sound tissue) that all strain is taken off the superficial sutures. For simple appositions the smallest suture material obtainable should be used. Frank approves of horse-hair. When both the skin and mucous membrane are wounded at the same time, separate sutures are required. It is a good plan, especially in superficial wounds, to remove the sutures early. It is the practice at the present time abroad to use the open method of treating wounds where there is no special reason for bandaging. The skin thus remains dry, diminishing the growth of bacteria and preventing infection.

*J. S. Fraser.*

**Nitrous Oxide and Oxygen in Combination with Ether or C.E. Mixture for Nose and Throat Operations.—H. E. G. Boyle.** "British Medical Journal," December 21, 1918.

With his technique the writer claims infinitely better results than those obtained by older methods.

After preliminary morphine-atropine injection, the patient is anæsthetised with nitrous oxide and oxygen, with re-breathing, and, just as anæsthesia is commencing, the gases are allowed to run through ether or C.E. mixture until the requisite depth of anæsthesia is obtained. The face-piece is then removed and the combination mixture continued through a tube by the nose or mouth. Administration need not be continuous, and only a small quantity of C.E. or ether is necessary.

Some experience is required before the method can be mastered, but it possesses great advantages, and has been successfully used in over 3000 cases in the writer's experience, with no mortality.

It has been observed that—

(1) Complete relaxation of the jaw is obtained even in muscular subjects, and also relaxation of the soft palate.

(2) Swallowing and cough reflexes are easily abolished, but are restored almost immediately on withdrawing the anæsthetic.

(3) Bleeding appears to be less, both during and after the anæsthetic, than with other methods.

(4) The rapid recovery of consciousness after operation is a point of extreme importance, for one never sees patients lying after the operation in that deep unconscious state that so frequently follows chloroform administration, but on the contrary they are conscious in a few minutes, have a good colour and are well.

*Douglas Guthrie.*