

Abstracts.

NOSE.

Taptas, M. W.—*Contribution to the Study of Rhinitis Caseosa.* "La Presse Médicale," August 17, 1910.

In this paper examples are given of two cases treated and cured. One is theoretically interesting from the presence of Loeffler's bacillus in the nose.

CASE 1.—A man, aged thirty-one. Suffered from left-sided nasal obstruction, foetid discharge, and headache. Examination showed that the right fossa was normal; the left was filled by a granulating mass bathed in pus, which bled readily on being touched.

Diagnosis.—Malignant growth. With a view to estimating the extent of the tumour and to decide on a more radical procedure, a quantity of granulations and caseous matter were removed with polyp forceps. The whole of the left ethmoidal labyrinth and inferior turbinal appeared to have been destroyed. Nothing further was done but tamponing. The next day after removal of the dressing the nose was found free from pus, and some days subsequently the parts had commenced to cicatrise. It was therefore evident that the case was one of neglected caseous rhinitis. An uninterrupted recovery ensued in a few weeks.

CASE 2.—A man, aged fifty-five, complained of a foetid discharge from the left nostril of three and a half months' duration, attributed to cold. The left maxillary antrum had been investigated by a specialist and purulent sinusitis diagnosed. No lavage had been practised. A stopped tooth had been removed, but proved to be healthy and in no way connected with the antrum. The extraction was succeeded by a rigor, with a rise of temperature to 39° C., which returned to the normal in two days. The foetid discharge continued. When seen by the author the septum nasi was much deviated to the left, and what appeared to be a trail of pus occupied the left middle meatus. The sinus was punctured and washed out; pus and caseous matter came away with the return fluid. On a further exploration of the middle meatus what had previously been considered pus turned out to be caseous matter; the latter was removed in large quantities, and amongst the cheesy material membranes in process of decomposition and calcareous deposits were observed, the latter being to the degree of simulating calculi. The patient was ordered an antiseptic ointment for the nose, and was requested to report himself again. When seen two days later the nasal discharge had almost ceased, but the nose was obstructed owing to a recent formation of false membrane between the deflected septum and the inferior turbinated body. This membrane, which was removed, contained Loeffler's bacillus in large numbers. Twenty cubic centimetres of anti-diphtheritic serum were at once administered. Two days afterwards the membrane had vanished and the nose and sinus were healthy.

The author remarks on the difficulty experienced in the diagnosis of these two cases, and the extreme benignity of the affection, removal of the caseous matter having been sufficient to ensure recovery. The caseous material acted as any other foreign body, inducing inflammation of the mucosa and secondarily of the sinus. In Case 2 Loeffler's bacilli appear to have been causal. The false membranes, having undergone decomposition, formed the nucleus of the affection. Nasal stenosis was no

doubt contributory by hindering the expulsion of the decomposed material. As to whether the disease is always due to the presence of Loeffler's bacillus, which at a later period may give place to the ordinary pyogenic microbes and saprophytes which have been discovered in the *débris*, is uncertain. Anyhow, the question is raised by this case.

H. Clayton Fox.

E.A.R.

Tod, Hunter F.—*The Value of Ossiculectomy in Chronic Middle-ear Suppuration as a Means of Avoiding the Complete Mastoid Operation.* "Lancet," September 3, 1910.

This excellent paper deals with some 120 patients and puts the case for ossiculectomy in a very advantageous light. The number of cures was 52 per cent. and 30 per cent. were improved. The points in favour of ossiculectomy are given as: (1) The large number of cases which can be cured, or in which the mastoid operation may be avoided; (2) the large proportion in which a good result is obtained with regard to the hearing power; (3) the slight inconvenience of the operation to the patient and the short duration of the after-treatment.

Incidentally, the author advocates the performance of the Schwartz operation in certain chronic cases.

Macleod Yearsley.

Ferreri, Gherardo (Rome).—*Pathology and Situation of Otosclerosis.* "Arch. Internat. de Laryngol., d'Otol., et de Rhinol.," July, August, 1910.

Politzer holds that otosclerosis is a primary affection of the labyrinthic capsule localised principally in the neighbourhood of the oval window, the new formation taking place in the bone itself, the mucous membrane and periosteum remaining normal.

Hubermann and Katz believe that the new formation begins in the periosteum, invading the capsule of the labyrinth later.

The author agrees with Moss, Bezold, Scheibe, Politzer, Hartmann and Siebenmann that otosclerosis is a primary osseous lesion of the stapes, the oval window and the capsule of the labyrinth. Shambaugh distinguishes three distinct classes of otosclerosis:

(1) Rigidity of the stapes, osseous conduction prolonged, Rinne negative, and increased perception of deep sounds.

(2) Rigidity of the stapes accompanied by auditory symptoms, more or less marked according to the extent the labyrinthic capsule is involved. If the pathological change takes place in the neighbourhood of the vestibule there are disturbances of equilibrium.

If the cochlea is involved so are the organs of Corti. This explains how in certain typical cases of otosclerosis without rigidity of the stapes, and therefore no interference with the transmitting apparatus, the high sounds of Galton's whistle are not heard.

Bezold describes cases of otosclerosis in which the middle notes are absent. This never happens in hyperplastic or interstitial otitis.

(3) The stapes is free and the cochlea involved. These cases clinically are apt to be confused with other forms of nerve-deafness.

In the newly formed bone medullary spaces are found, in which are giant-cells with numerous nuclei.

Diabetes, arthritic tendencies, gout, neurotrophic and neuroparalytic influences, heredity, ozæna, and syphilis are mentioned as causes.