

affection may be single or multiple. (6) The diagnosis of syphilis is dependent on the characteristic functional affection of the cochlear and vestibular nerves, the presence of other luetic symptoms, especially the inflammatory changes in the cerebro-spinal fluid, and lastly by the improvement and eventual cure under suitable treatment. (7) The prognosis in the early stages of the disease is the more favourable the earlier and more energetically the treatment is adopted. In the tertiary stages degenerative nerve-lesions are most unfavourable, but even in these, at times, some improvement results. (8) The best treatment is an energetic combination of salvarsan and mercury, with the assistance of iodides and diaphoretics internally. (9) The dosage of salvarsan varies, and is regulated by the disappearance of the auditory and static disturbances, and of the inflammatory signs in the cerebro-spinal fluid, and the result of the Wassermann reaction. (10) With proper care injurious effects need not be feared, but in a very few cases peripheral neuritis does occur, as has also been observed in connection with other arsenical compounds. There had been no cases of central lesions.

*Alex. R. Tweedie.*

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## Abstracts.

### NOSE.

**Mackintosh, A. H. Grant.**—A Case of Acute Nasal Catarrh due to a Gram-negative Bacillus resembling the "Distemper" Group of Organisms. "Lancet," December 14, 1912, p. 1647.

The bacillus was isolated from a patient complaining of an acute febrile catarrh, with thin, watery, nasal discharge. The latter contained numerous pus-cells and abundance of bacilli. A Gram-stained film showed a few bacilli of the Hoffman type, a very few cocci, and a great number of Gram-negative bacilli arranged in twos, of considerable variation in size. Various cultivations are described, with inoculations on guinea-pigs and rabbits. The bacillus was one of the group classified by Hueppe in 1866 and named the bacilli of hæmorrhagic septicæmia. The patient had not been in contact with animals infected with distemper and made a rapid recovery, the course of the disease resembling that of an ordinary cold.

*Macleod Yearsley.*

**Schönfeld, Walther (Gersfeld).**—Hyperplastic Œdematous Rhinitis (Seifert). "Zeitschr. f. Laryngol.," Bd. v, heft 2.

Chronic hyperplasia of the inferior turbinal may occur in snuff-takers—almost invariably males. The hyperplastic tissue is pale and gelatinous and usually smooth. The secretion is transparent. The swelling of the turbinal does not go down under cocaine, and therefore cases should be treated by resection.

*J. S. Fraser.*

**Dunbar, W. P.**—The Present State of our Knowledge concerning Hay-fever. "Annals of Otol., Rhinol., and Laryngol.," vol. xxi, p. 279.

A moderately long paper summarising the work which has been done by the author and others from 1902 to the present time. He discusses the history of the neurosis from the case described by Benningerus in

1673, and the remarks of Heberden a hundred years later. Dunbar deals with ætiology and relates his own experiments. It is pointed out that in every case a clear-cut diagnosis should be made to avoid unsatisfactory results, and this should be done by means of the toxin reaction. A hay-fever patient reacts to one drop of a 1:200,000 solution of pollen albumen placed on a mucous surface. The question of treatment by antitoxin is gone into minutely, with the general lines which have been adopted for treatment. The whole paper is one which should be read *in extenso*.  
*Macleod Yearsley.*

**Orleanski, K. (Moscow).—A Case of Supernumerary Tooth in the Nasal Cavity.** "Zeitschr. f. Laryngol.," Bd. v, Heft 2.

The patient was a female, aged twelve, who complained of nasal speech, fœtor and crusts in the nose, the sensation of a foreign body in the mouth, and the passage of solid and liquid food into the nose. *On examination*, Orleanski found in the middle line of the hard palate an oval opening which led into the nasal cavities and had smooth cicatricial edges. In the anterior part of this opening lay a tooth with its crown downwards and forwards. Nasal examination showed a large perforation of the septum and fetid crusts; a history of two years' purulent rhinitis was obtained, and the nasal condition was diagnosed as due to syphilis. (The Wassermann reaction is not recorded.—Abs.) The naso-buccal fistula had only been present for one year. Orleanski thinks that the tooth (an upper left eye-tooth) had been lying in the nasal cavity, and that the gumma of the septum and palate had allowed it to come partially into the mouth.

The author has collected thirty-four cases of teeth in the nasal cavity, and divides them into two groups—(1) those in which the "nasal" tooth is absent from the row, and (2) those in which it is supernumerary. The present case is one of this group, and ten others are recorded. With regard to ætiology of group (1) the condition may arise from (*a*) a rotation of the tooth-germ, (*b*) too early closure of the alveolar margin, (*c*) want of sufficient room for eruption. Ætiology of group (2): (*a*) The milk-tooth has remained in the alveolus and formed an obstacle to the eruption of the permanent tooth: (*b*) Developmental anomaly of the dental germ.  
*J. S. Fraser.*

**Lang, Johann.—Atresia of the Choanæ and the Influence of Heredity thereon.** "Monats. f. Ohrenheilk.," Year 46, No. 8.

Based on reports of six cases which came under his immediate observation the author reviews this subject at length in an exhaustive article, concluding with a list of over a hundred references to various writers.

He considers there is good evidence to show that the anomaly tends to occur in certain families.

After discussing the development of the parts concerned with a view to determining the morphological origin of choanal atresia, the two following possibilities are submitted as a solution: Either the atresia occurs independently and posteriorly to the bucco-nasal membrane, or the persistence of this latter structure itself forms the occlusion and its site the ultimate anatomical choana in association with a perverted development of the palate and nasal septum.

The relation of the various facial and cephalic indices to the condition in question are also surveyed.  
*Alex. R. Tweedie.*

**Albanus (Hamburg).—The Pathogenesis of Lupus of the Nasal Cavities and its Relation to Neighbouring Parts.** "Archiv f. Laryngol.," vol. xxvii, Part II.

Statistics showing the frequency of the association of lupus of the nasal mucous membrane with lupus of the skin vary greatly according to the nature of the material investigated. Thus Bender, among 380 cases of cutaneous lupus, found the nasal mucosa involved in one third, while among sixty-five cases examined by Safranek no less than 72·3 per cent. showed the nasal affection. In most cases it is not stated whether the disease was present on the skin of the face or of some other part of the body. The author himself examined 147 cases of lupus of the skin and found the nasal mucous membrane involved in 46 per cent. This was the case in 15 per cent. of those with lupus of the extremities, 56 per cent. of those with lupus of the head, and 87 per cent. of those with lupus of the outer surface of the nose. It is clear, therefore, that in by no means every case of lupus affecting the exterior of the nose has the disease originated in the nasal mucosa.

The author's observations agree with those of Mygind in showing the much greater frequency with which the septum and the inferior turbinal are affected than other areas of the nasal interior. This fact may be regarded as an indication that a considerable proportion of intra-nasal lupus is due to infection reaching the nose by contact or by the air-stream.

All the possible modes of infection and spread of the disease are described and most of them are illustrated by cases from the writer's practice. Recent observations have shown that tubercle bacilli are circulating in the blood of many children in the complete absence of all symptoms, and cases in which numerous discrete foci of lupus appear on the skin and mucous membranes are certainly to be attributed to embolism resulting from this condition of bacillæmia. Acrogenous and contact infections are much favoured by the presence of eczema of the nasal vestibule or rhinitis sicca anterior. This form of the disease appears to begin most commonly in adults on the skin of the ala, in children at the point of junction of skin and mucous membrane in the "nasal pocket." Spread of the disease by way of the lymphatics may take place either in the direction of the lymph-stream or against it; the author has been struck by the relative frequency of retrograde extension.

In conclusion, the author states his belief that while the importance of the nasal mucosa as the seat of the primary infection in lupus of the skin has certainly been under-estimated by some dermatologists, it has perhaps been exaggerated by some of those who have approached the question from the point of view of the rhinologist.

*Thomas Guthrie.*

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**E.A.R.**

**Goldstein, Max A.—Diseases of the Ear which lead to Brain Abscess.** "Journ. Amer. Med. Assoc.," September 21, 1913.

Either an acute or chronic suppurative otitis media may give rise to a brain abscess, but the distinction is of no practical value, as the seriousness of the lesion depends upon the virulence of the invading micro-organism.