

Abstracts.

DIPHTHERIA.

Ware, E. E.—*Case of Diphtheria of the Vulva.* "The Lancet," February 10, 1900.

The diagnosis of diphtheria is always much facilitated by the identification of the bacillus, and when also paralysis supervenes the diagnosis is certain. It is a little remarkable in this case that, although the diphtheritic patch was situated on the vulva, the muscles first paralyzed were those of the palate, but the same combination has been noticed before. The explanation is probably to be found in the fact that even slight paresis of the palate muscles would be noticeable long before the same amount of weakness in the leg muscles would become evident. For a similar reason strabismus is often a very early sign of diphtheria. The local antiseptic treatment of diphtheritic patches on external parts of the body is always advisable, though when the palate is affected the harm which the child suffers from fear and struggling probably outweighs the benefit which might result from the antiseptics. The antiseptic employed, however, should not be very strong, otherwise the damage to the tissues may weaken their power of resistance.

In the case recorded white patches were found on the vulva, and the Klebs-Löffler bacillus was isolated. Under 2,000 units of anti-diphtheritic serum, the symptoms quickly abated, but were followed by paralysis of the soft palate, and regurgitation of fluids through the nose. Recovery was complete. There is no doubt that this was a case of true diphtheria of the vulva, for even had there been no bacteriological examination, the onset of paralysis of the soft palate may be taken as sufficient proof. The symptoms were misleading, and pointed to the probability of stone in the bladder, this being the commonest cause of severe pain on micturition in a child, and it was thought that the local redness was due to handling in consequence of reflex irritation.

St. Clair Thomson.

MOUTH, Etc.

Connell, J. C.—*The Cure of Stammering and Stuttering.* "Kingston Medical Quarterly."

Connell, like Hudson Makuen of Philadelphia, believes that the proper line of treatment in these cases is a combination of gymnastic and didactic methods—the one to invigorate the entire system, the respiratory organs in particular; the other to establish by teaching methods the correct co-ordination of the functions of respiration, phonation and articulation.

Treatment should always begin with exercises in breathing. Then should follow systematic exercises in vocal gymnastics. Some persons require for a time the constant control of the voice specialist, whilst others, after being taught the nature of the defect and the principles involved, can, by intelligent and persevering practice, soon learn to speak in the new and normal way without the assistance of a tutor.

Price Brown.

Mariau.—*A Case of Chaneriform Angina.* "L'Écho Méd. du Nord," February 25, 1900.

At a meeting of the Société Centrale de Méd. du Départ. du Nord, Mariau showed microscopic specimens of an exudate removed from an ulcerated tonsil. The ulcer was exactly like a chancre of the tonsil, differing only in its evolution and in its microscopic characters. The general health was unaffected, the lesion was unilateral, the tonsil indurated and a gland enlarged. Under the microscope numerous large bacilli, differing widely from the Loeffler bacillus, staining by Gram's method, were found, and in the deeper parts of the exudate a great quantity of fine spirilla. He found the same bacterial association on the teeth, and would not be surprised to find that they were ordinary buccal saprophytes that had attacked the tonsil.

In the discussion, Looten described a form of angina with a cartilaginous-looking deposit on the tonsil, due to the pneumococcus.

A. J. Hutchison.

Compaired.—*Perforating Ulcer of the Mouth.* "Revue Hebdom. de Laryng. d'Otol. et de Rhinol.," April 14, 1900.

A man, aged twenty-seven, complained that during a year his teeth had fallen out, and ulcers had developed in the gums. No history of syphilis, no neuralgia, no signs of tabes. His breath had the fœtid smell that accompanies lack of cleanliness in the mouth. On examination the mouth was found in a very dirty condition, with numerous deposits of tartar varying in thickness. One such deposit surrounded the first left upper premolar, covering a cavity that extended towards the root of the tooth. The alveolar margin was carious and the tooth very loose. Soon after this examination the tooth dropped out. In the position of the second and third left upper molars was a large perforation 2 centimetres wide and $3\frac{1}{2}$ centimetres deep. It had originated in the same manner as that above described. There never had been any suppuration. Syphilis, tabes, tubercle, lupus and malignant growth could all be excluded.

Eight or nine such cases have been recorded under the name of "perforating ulcer of the mouth." After citing these and the opinions of their reporters as to their pathology, etc., the author states his own views on the pathology of the affection. The process is comparable to that of *ulcus perforans* of the septum nasi. Dirt, want of care of the teeth, traumatism, etc., favour the appearance of a parasite or microbe which destroys the alveolar margin. Disturbance of nutrition is produced, one or more teeth fall out, atrophy and destruction of the bone follows and extends till stopped by a mucous membrane. This disease may arise in syphilitic or tabetic persons (the majority of the reported cases) or in otherwise healthy persons (the author's case). Treatment should consist in curetting and cauterizing the perforation with 80 per cent. thymic acid, and also in minute attention to the teeth, gums and mouth.

A. J. Hutchison.

P. Jacques and G. Michel.—*Dental Cysts of the Superior Maxilla: their Relations to the Maxillary Antrum: their Treatment.* "Revue Hebdom. de Laryng. d'Otol. et de Rhinol.," March 17 and 24, 1900.

Cysts of the superior maxilla may be conveniently divided into anterior and posterior. Anterior cysts develop in the region of the

incisors, canines and premolars. They are situated between the external and internal plates of the maxilla, develop outwards towards the face, expanding the external plate before them. They have no relation to the antrum except contiguity. Posterior cysts arise in relation to the molars, and are in intimate relationship to the antrum. They push the floor of the antrum before them, invading the cavity, which they gradually fill up, or else, perforating the floor, they empty their contents into the cavity. This, however, very rarely happens.

These cysts arise from paradental epithelial débris, as is shown by the microscopic structure of their lining membrane, which consists of a stratified epithelium (the cells being either of the type of Malpighian cells or of cells of the enamel organ) lying on a subepithelial connective tissue. There is no proper basal membrane.

The diagnosis of anterior cysts presents practically no difficulties. Their position and parchment crepitation or fluctuation distinguish them from any other tumour. Posterior cysts invading the antrum may exist for a long time, and may be well advanced before their presence is suspected. Often their presence is revealed by the considerable flow of serous fluid that follows extraction of a molar tooth. Once the tumour is opened its relation to the antrum is easily ascertained. Transillumination, puncture of antrum, etc., aid in the diagnosis.

Treatment by simple extraction of a tooth, opening and draining through the alveolus, never gives satisfactory results. In anterior cysts the external wall should be freely resected, the whole lining membrane removed or destroyed, and if possible the cavity at once obliterated. In posterior cysts the cavity should be opened through the canine fossa, the whole lining membrane removed, then the wall separating the cyst from the antrum cut away. Subsequent treatment should be as in Luc's operation for antral empyema.

A. J. Hutchison.

NOSE, Etc.

Berger.—*Complete Rhinoplasty.* "La Presse Méd.," February 28, 1900.

For complete rhinoplasty Martin proposed the use of a metallic support; results obtained by his method were not satisfactory, from the frequency of deep suppuration. Berger suggested that the metallic support should be included between two layers of tissue. Vautrin was the first to operate by this method with success. Berger now reports a successful case of his own (*Acad. des Sciences*, February 12, 1900). The external nose was completely destroyed by disease. After very careful disinfection of the parts, two lateral flaps taken from the face were turned over, raw surface outwards, so as to meet in the middle line; a third flap taken from the forehead was turned down, raw surface inwards, so as to lie over these; between the two layers thus obtained a platinum support was included. Union took place by first intention. From an æsthetic point of view the result is fairly good. The platinum support is well tolerated.

Arthur J. Hutchison.