*Report of Committee appointed to examine into the Results of the Operation, as practised by M. Malherbe, of clearing out the Mastoid in Sclerotic Otitis Media.*

The committee appointed in January, 1898, had twice been summoned by M. Malherbe. In the first case an accident had prevented the operator from performing the operation under the usual conditions. The committee desired to be dissolved, having no material on which to base an opinion. The correspondence connected with this matter was then read in *comité secret*.

ERNEST WAGGETT.

(*From* "*Arch. Inter. de Lar.*," 1899.)

# Abstracts.

## DIPHTHERIA, Etc.

**Glover, Jules.**—*On the Presence of the Short Variety of Löffler's Bacillus in the Exudate of Ulcero- or Eroso-membranous Tonsillitis following Operation.* "Arch. Inter. de Lar.," January-February, 1899.

The motive of this communication is to add further evidence of the benign character of the short bacillus of Löffler. In seven out of eleven cases of the membranous angina, so often seen after the removal of adenoids and tonsils, this bacillus was found associated with saprophytic organisms. In all these cases there was, as usual, an absence of any serious symptoms, and the usual rapid resolution took place. In no case was there a history of previous diphtheria or association with diphtheritics. In each operation the instruments were above suspicion, being taken direct from the sterilizer. In three out of five cases examined *ad hoc*, the bacillus was detected in the throat previous to operation. *Waggett.*

**Millard, C. Killick.**—*A Case of Membranous Angina and Membranous Vaginitis of a Doubtfully Diphtheritic Nature occurring in a Patient convalescing from Scarlet Fever, and associated with an Unusual Erythematous Eruption.* "Lancet," November 11, 1899.

The questions of the nature of the rash observed in the case recorded, and the origin of the membranous exudation which occurred at the same time, are of the greatest interest. As to the membrane on the fauces, it is certain that in some cases of scarlet fever a membranous inflammation of the fauces occurs, not diphtheritic in nature. The case appears to be sufficiently interesting to justify recording. The clinical symptoms, apart from the peculiar erythema, were exactly those of faucial diphtheria following scarlet fever, with auto-infection of the vulva and vagina, and the improvement following the administration of the antitoxin and the subsequent albuminuria both help to confirm this diagnosis. On the other hand, it was certainly remarkable, if the case really was diphtheria, that no Löffler's bacilli could be found. The method followed in searching for them was the usual one,

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of which the author had had considerable experience, and he made repeated cultivations, about six or more, at different dates, some with actual membrane and some with swabs, but all with similar results. The constant presence, in almost pure culture, of the *Staphylococcus pyogenes aureus* suggests that it may have been the true cause of the condition, and may possibly explain the peculiar erythema. He has seen many adventitious rashes following scarlet fever, and many of purely septic origin, but has never seen anything quite like the one in question. The subsequent albuminuria may quite well have been a sequela of the scarlet fever, and independent of the (?) diphtheria.

*StClair Thomson.*

**Plottier.**—*Adenoid Vegetations and Diphtheria.* "The Laryngoscope," August, 1899.

Diphtheria nearly always begins on the faucial tonsils. Post-nasal vegetations, from their histological resemblance to the faucial tonsils and from their liability to inflammatory attacks, may be regarded as likely to be good soil for the development of the Löffler bacillus. In a series of thirty-eight children who died of diphtheritic angina or its direct consequences, more than 50 per cent. were found to have adenoids more or less developed. From these cadavers the adenoids were removed. In three cases adherent false membrane came away with the adenoid tissue; in one of these there was no faucial membrane.

In doubtful cases the naso-pharynx should be examined. The author suggests that the occurrence of Löffler's bacillus together with an apparently simple sore throat (so-called latent diphtheria) should lead to an examination of Luschka's tonsil, when in the majority of cases a point of infection would be found. Certain cases of sudden croup might be explained by the previous presence of false membrane in the naso-pharynx, and the invasion of the middle ear through the Eustachian tube might be explained in the same way.

Except in cases favourable for posterior rhinoscopy, palpation will be the only possible method for examining Luschka's tonsil, and should be practised gently and rapidly, as hæmorrhage might aid the entrance of toxines into the blood.

The author believes that the special gravity attending diphtheria where there are adenoids furnishes a new argument in favour of the removal of adenoids. *R. M. Fenn.*

**Woolacott, F. J.**—*Diphtheritic Paralysis in Cases treated with Antitoxin.* "Lancet," August 26, 1899.

Interesting tables are given showing the percentage of paralysis, the influence of age, the relative frequency of the various forms of paralysis, the severity of the paralysis, the muscles first affected, and the date of the onset of paralysis. In conclusion, the influence of antitoxin on diphtheritic paralysis may be summarized as follows: Up to the present the percentage of paralysis has increased on the whole. There is some evidence that large doses—*i.e.*, not less than 4,000 units—of antitoxin are more effective than small ones, both in preventing paralysis and diminishing the mortality due to it. The earlier antitoxin is given in diphtheria, the less likely is paralysis to follow. Should it occur after early injection, it will probably be mild and of comparatively short duration. The type of paralysis has, on the whole, become less severe or, at all events, less dangerous to life. Finally, diph-

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theritic paralysis has become more prone to attack the young. This change in age incidence has possibly made some minor differences in the relative frequency with which the various forms of paralysis are observed. The practical conclusion is that the full value of antitoxin is only obtained by using it early and in efficient doses. If this be done, not only is life saved, but tedious complications are prevented, or at least deprived of their dangerous characters. *StClair Thomson.*

## MOUTH, Etc.

**Broeckhaert.**—*A Case of Melanotic Sarcoma of the Palate.* "Journn. Med. de Brux.," No. 28, 1899.

This occurred in a man seventy-two years of age. It was of the size of an apricot, attached to the soft palate, brown in colour at the periphery and purple in the centre, and it bled freely on touch. It was removed mainly with the cautery, the bleeding being free.

*B. J. Baron.*

**Goodall.**—*Pathological Histology of Acute Tonsillitis.* "Journ. of Boston Soc. of Med. Sci.," January, 1899.

Goodall says that acute tonsillitis due to infection by the *Streptococcus pyogenes* and the *Staphylococcus pyogenes aureus* and *albus* is characterized by a diffuse inflammation of the parenchyma, appearing in the form of an increased proliferation of lymphoid cells and endothelioid cells of the reticulum, due probably to absorption of toxine formed in the crypts. While bacteria are rarely demonstrable in the tonsillar tissue in cases characterized by purely proliferative lesions, yet at times infection of the follicles occurs, giving rise to circumscribed suppuration and the formation of abscesses, which eventually discharge into the crypts. *B. J. Baron.*

**Grossard.**—*Tubercular Perforation of the Palate.* "Arch. Inter. de Lar.," September-October, 1899.

As the literature appears to be extremely scanty, the writer puts on record two personal cases. The first was that of a man of twenty-three, giving no history of syphilis, who presented himself with an extensive ulceration of the pharynx and a small ulceration of the cartilaginous septum. There was marked dysphagia, and pulmonary tuberculosis was present. Iodide had already been taken for six months without benefit. Under lactic acid, zinc chloride, and guaiacol rapid improvement took place, and cicatrization resulted. Some weeks later the patient returned with a large triangular perforation of the velum, with granular edges. There was no thickening or infiltration. The disease spread rapidly, and the uvula was destroyed, but under lactic acid and zinc chloride applications cicatrization was procured. A second perforation, completely dividing the palate, occurred at a later date.

The second case, still under treatment, was that of a man of forty, with pulmonary tuberculosis and marked dysphagia. The anterior surface of the velum was granulated about the base of the uvula, which was itself much swollen. A small pit made its appearance near the base of the uvula, and in two days had enlarged into a perforation large enough to admit the end of the little finger. In this case also a previous mercurial and iodide treatment had been attended with no benefit. *Waggett.*

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