

Abstracts.

NOSE.

Baumgarten, Egmont.—*Hæmatoma of the Nasal Septum; its Complications and Treatment.* "Wiener Klinische Rundschau," April 2, 1905.

The best treatment for hæmatoma of the nasal septum is the external application of ice for the first day, and, if there is great pain and much swelling, for the second day following the injury. On the second or third day the local treatment should consist in the introduction of small pledgets of carbolised wool which are so large that they can just be introduced; larger pledgets are used each day, and as a rule in six to ten days the septal swelling and deformity disappear. The principle is to exert a continuous pressure on the hæmatoma. It is important that no force be used, so that the mucous membrane may not be injured. Baumgarten has treated forty cases after the above method, and in only six did abscess formation follow on the hæmatoma.

Arthur Westerman.

EAR.

Grossman (Berlin).—*Notes on Cases of Lumbar Puncture and Localised Meningitis.* "Archiv für Ohrenheilk.," vol. lxiv, December, 1904.

Two cases are described in detail to show that lumbar puncture, as a diagnostic measure, is by no means a test to be relied on.

In both cases all the clinical signs and symptoms of meningitis were present. The result of lumbar puncture also suggested "general meningitis," as in both cases there was a marked increase of the cerebro-spinal fluid, which was turbid and contained pus-cells, and in the first case also diplococci. In both cases, however, the complete mastoid operation was performed.

In the first case the mastoid alone was affected; there was no fistula in the semicircular canal nor in the inner wall of the middle ear, and the dura mater and sinus appeared normal. The patient recovered. Grossman suggests as a diagnosis a localised meningitis from absorption through the lymphatics.

In the second case the mastoid was filled with fetid cholesteatomatous material, and there was a fistula in the external semicircular canal and carious patches on the inner wall of the middle ear. The patient did not improve after operation, and the wound became very offensive. Three days later lumbar puncture was again performed and the fluid removed was still turbid, but contained no more pus-cells than before. The sinus wall, which had been exposed during the first operation, was now covered with granulations and so was incised. No thrombus was discovered. The patient died next day. The autopsy showed no trace of meningitis nor pus in the labyrinth, and the brain merely appeared hyperæmic. The author assumes that the patient died from septicæmia of otitic origin.

Grossman also questions whether lumbar puncture is of any value as a therapeutical measure in cases of otitic meningitis. In this connection he cites a third case which had all the clinical symptoms of meningitis, and where recovery took place as a result of immediate operation without attempting to make use of the lumbar puncture. In this case a