Abstracts.

NOSE AND ACCESSORY SINUSES.

Melzi, Urbano (Milan).—Primary Tuberculous Ulceration of the Inferior Turbinate. "Archives Inter. de Laryngologie," etc., July—August, 1904.

The author reviews ninety recorded cases of nasal tuberculosis from 1853 to the present day, and classifies them as follows: 62 were granular, 26 were ulcerated, 2 had the bones affected.

In nineteen of these cases the infection was primary, and of these five were ulcerous; four of them were localised in the nasal septum; the fifth attacked the inferior turbinate.

The author quotes a case which came under his own observation, and in which the diagnosis of hypertrophic rhinitis seemed correct until the operation proved it wrong.

The patient was a young girl of twenty, with complete blocking of the nostrils owing to the enlarged turbinates. The nasal mucous membrane was very pale.

On removing entire the inferior turbinate in the right side nothing extraordinary was noticed, but on removing that on the left side an ulcer was detected in its inner surface of a dirty grey colour, irregular edges, and with numerous nodules scattered round it. The patient made a good recovery.

A microscopic examination of the sections of the turbinate revealed numerous small round cells, giant cells irregularly disposed, also some oval or lemon-shaped cells, some with one nucleus, others with several, but no Koch's bacilli.

The author considers this a case of primary tuberculosis of the inferior turbinate, as there were no traces of the disease elsewhere.

The patient has since married and had a healthy child.

Anthony McCall.

Goodale, J. L. (Boston).—A Contribution to the Study of the Secreting Mechanism of the Nose. "Boston Med. and Surg. Journ.," September 1, 1904.

The author calls attention to the two arrangements in the nasal mucosa for producing the nasal fluid, viz. the glands and the intercellular epithelial spaces of the underlying basement membrane. He then points out the changes produced in the glands of the mucous membrane, and in the canals of the basement membrane, in different pathological conditions, such as chronic inflammations with increased secretion, chronic atrophic inflammations, and vasomotor rhinitis. The first of these show increased activity of the mucous glands, the second show a complete disappearance of the canals of the basement membrane, while the mucous and serous glands show a much diminished, but still distinct, degree of activity. In vasomotor rhinitis is found a striking increase in the looseness of structure of the epithelium, and in the number and size of the canals of the basement membrane—an alteration distinctly out of proportion to the moderate increase in the mucous and serous glands.

Macleod Yearsley.