

Abstracts.

FAUCES.

Caiger, F. Foord.—*An Address on the Diagnosis and Management of Doubtful Cases of Diphtheria.* "Lancet," December 26, 1903.

This address was delivered to the Medical Officers of Schools Association in November. After referring to the ease with which well-developed attacks of diphtheria can be detected, and the havoc which may ensue upon the non-recognition of nasal and other ill-defined cases, the author points out that at the present day the nature of a doubtful attack is practically determined by the result of bacteriological examination. At the same time considerable difficulty arises in the identification of the bacillus, owing to our uncertainty as to the limits of intra-normal variation. He then enters into the question as to whether, under favourable conditions, the Hofmann bacillus is capable of developing into a true diphtheria bacillus, showing that so far the balance of opinion is opposed to this being possible. From the point of view of diagnosis, Caiger thinks it most desirable that an organism whose morphology, staining, and cultural reactions—especially the power of producing acid in glucose broth—are similar to those of Loeffler's bacillus, should be classed as diphtheritic, and should the mucous surface from which the organisms have been derived present any, even the slightest, sign of inflammation, the case should be diagnosed as diphtheria accordingly. He attaches very little value indeed to a negative bacteriological result, and points out the errors which may cause a failure to detect the bacillus.

But in spite of the disabilities which detract from the authority of the bacteriological test, and the fact that it is therefore to be considered as subsidiary only where clinical symptoms are distinctive, it is of the highest importance in anomalous cases.

As regards the treatment of doubtful cases of diphtheria, Caiger advises the immediate adoption of the following precautions:—(1) Isolate the patient. (2) Disinfect everything which he is likely to have worn, touched, or handled, and also the room in which he has been sleeping immediately before the attack. (3) Examine the throats and nasal passages of all persons with whom he has been in especially close contact, such examination, if possible (and in a school it always should be possible), to include a bacteriological examination. (4) Isolate, or at any rate exclude, all "contacts" who are found to harbour even doubtful diphtheria bacilli in their mucous membranes and all (even though a bacteriological examination proves negative) who present any suspicious appearance of the throat and nasal fossæ. (5) Search for any other possible source of infection besides a previous case of diphtheria, not only as serving to explain the present attack, but as a possible cause of fresh cases. (In this connection the possible agency of milk, drinking utensils, cats, wind instruments, etc., should be the subject of careful inquiry). (6) Do everything which may possibly serve to lessen the infectivity of the patient, and thus shorten the period of necessary detention.

These precautions are discussed in detail, and, finally, the author is not prepared to recommend the indiscriminate adoption of antitoxin injection as a prophylactic measure in cases of apparently healthy "contacts" living under skilled observation simply because diphtheria bacilli are present in their mucous membrane; but it should always be

given without exception in the case of an infected "contact" who presents any, even slight, indication of faucial, nasal, or laryngeal inflammation.
Macleod Yearsley.

NOSE, Etc.

Lautman.—*The Rhinological Treatment of Dysmenorrhœa according to Fliess.* "Annales des Maladies de l'oreille, etc.," September, 1903.

Fliess has pointed out that the genital points in the nose are the tuberculum septi and the anterior head of the inferior turbinate. The application of cocaine to these points during menstruation in many cases is followed by an amelioration of pain; the pain in the sacrum is relieved by touching the tuberculum septi, that in the hypochondrium by touching the head of the inferior turbinate.

The author quotes several cases which confirm Fliess' deductions, and recommends in all cases to try the effect of cocaine before using the cautery.
Anthony McCall.

De Champeaux.—*The Cure of Tic Douloureux.* "Archives Internationales de Laryngologie, etc.," July—August, 1903.

The author reports the case of a woman who had suffered from facial neuralgia for several years, and who had undergone several forms of treatment without success. From the presence of crusts in the nose, and the expression of the face, he suspected the presence of adenoids; on these being removed the rhinitis as well as the tic douloureux were cured.
Anthony McCall.

EAR.

Kerrison, Philip D.—*The Limits of Variation in the Depth of the Mastoid Antrum.* "Arch. of Otol.," vol. xxxii, No. 3.

The difference in the measurements given by various observers seems to depend mainly on the point from which they take these measurements. They are much less when taken directly inwards at the space just behind the suprameatal spine, and much greater at Broca's point of measurement, which is a full centimetre behind it, and the line of measurement has to run a long way forwards and inwards.

It will be remembered that the antrum runs from the tympanic attic obliquely backwards and outwards, and is therefore found at a lesser depth than the inner end of the posterior wall of the osseous meatus. The average length of this wall is, according to Kerrison, 14.7 millimetres, the average depth of the antrum about 11 millimetres, and never exceeding 15 millimetres. The author objects to Broca's point for operating on account of the additional depth of the bone to be chiselled through, and also on account of the risk of injuring the lateral sinus. He found that in two out of a series of fifty bones the groove was so placed that it would be impossible to operate by Broca's method without injuring the vessel. In operating from the triangle close behind the suprameatal spine, the extreme limit of safety should be regarded as 15 millimetres, or $\frac{3}{4}$ inch.
Dundas Grant.