Dr. ROBERTSON had seen excellent results with perchloride of iron spray.

Dr. CRAWFORD RENTON had the highest opinion of intubation as a preliminary measure.

The PRESIDENT (Dr. Finlayson) greatly objected to the steam kettle and tent, as much reducing the vitality of the patient. He had no belief in a membranous croup apart from diphtheria.

Dr. CAMERON, in reply, deprecated the tent and recommended large sponges, used with an antiseptic, and changed every twenty minutes.

PAPILLOMATA OF THE LARYNX IN CHILDREN.

Dr. HUNTER MACKENZIE, after quoting various authorities with regard to prognosis of recurrence after thyrotomy, gives a decided opinion that this measure is "distinctly contra-indicated." With regard to endo-laryngeal operations, he concludes that "experience shows that . . recurrence usually takes place." He believes intubation to be here, as in all chronic stenoses, contra-indicated. One case, however (Baldwin), appears to have been cured thereby. The danger of the method was proved in Lennox Browne's case of hæmorrhage in a child of three. Tracheotomy alone remains, not only as the palliative, but the permanent radical measure. Several cases of permanent cure have now been reported. The growths, it appears, become detached, and may be found in the sputum. (Specimen of sputum shown.) Absence of irritation probably accounts for this atrophy. The usual length of time during which the wearing of a tube is necessary seems to be from six to twelve months.

Dr. COLEY mentioned a case in which the trachea was blocked by papillomata the whole way down.

Dr. MANSEL SYMPSON related a case in which the growths disappeared for a time after tracheotomy, but recurred.

Mr. A. POWER noted the analogy to the cure of urethral warts after lateral lithotomy.

Dr. BRONNER had seen cure after wearing a tube for two years. The tendency to recurrence increased with age.

Dr. MACKENZIE, in reply, stated that the growths in the trachea were often congenital and due to syphilis. *Ernest Waggett.*

AMERICAN OTOLOGICAL SOCIETY.

(*From Vol. VI., Part III. of "Transactions."*) *July 14th*, 1896.

Dr. ARTHUR MATHEWSON, *President.*

Dr. E. B. DENCH. *Thrombosis of the Lateral Sinus following Suppurative Otitis Media; Operation; Cure.*

A youth of eighteen, who five years previously suffered with acute otitis media, had now pain in the same ear, extending back over mastoid, with nausea and vertigo, and recurrence of discharge. On the fifth day the

https://doi.org/10.1017/S1755146300164467 Published online by Cambridge University Press

membrane was incised, and a Leiter's coil applied over the tender mastoid; however, twelve hours later he had a rigor, with a temperature of 105·8° F., with severe headache and incontinence of urine and fæces. The reporter saw him twenty-four hours later, when the temperature was 103°. The mastoid was opened, and found full of offensive material; there was destruction of its bony walls, with exposure of the meninges.

The lateral sinus was filled with a firm clot from near the torcular to the jugular bulb; this clot was removed, the sinus cleansed, and packed with iodoform gauze. Recovery was uninterrupted.

Dr. JOHN L. ADAMS. *A Case of Thrombosis of the Lateral Sinus, with Recovery after Operation.*

The patient in this case was a lady twenty-four years of age, who had suffered five years ago with left-sided otorrhœa, which lasted one year. She caught cold six weeks before consulting Dr. Adams, and had been under treatment, but had steadily become worse. The day previous she had rigors, vomited twice, and fainted several times, the temperature rising to 104°, with intense pain in the mastoid and frontal region. The mastoid was freely opened, the purulent contents removed, and the cavity carefully cleansed; the lateral sinus was next exposed, a small quantity of pus escaping from the sigmoid groove. The sinus was occluded with clot; this was removed upwards towards the torcular, but was not removed to its lowest limit towards the jugular fossa, as the curette could not reach the lower end. The recovery was complete, though retarded, the temperature being 104° the next day, and did not arrive at normal for twelve days, the wrist and ankle joint being slightly infected on the third day, and cough being troublesome from the second to the ninth days. The speaker concluded with a complete and careful *résumé* of the subject.

Dr. KNAPP saw a case during last winter, diagnosed early, in which he removed a clot from the upper part of the jugular. The patient died not long after.

In this case, though the vein below the clot was scarcely traceable, there were small thrombi extending its whole length. What he wished to emphasize was the necessity for ligature of the jugular near to the clavicle as the first step in the operation.

Dr. BACON quoted a case of brain abscess with symptoms of sinus pyæmia, to illustrate the fact that a former lesion did at times show the symptoms of the other affection.

Dr. GRADENIG. Abstraction of fluid blood from the sinus does not demonstrate beyond question the absence of thrombus; he had seen two cases of incomplete obstruction by thrombi.

Dr. FRYER was also in favour of ligature of the jugular.

Dr. SPRAGUE narrated a case in which a sinus had been freed from clot and the jugular ligatured. After some time thick pus exuded from the sinus; this continued for a short period, when occipital pain commenced, and the patient rapidly sank with meningeal symptoms. There was basal suppuration, temporo-sphenoidal abscess, and extensive clotting of the sinuses.

https://doi.org/10.1017/S1755146300164467 Published online by Cambridge University Press

Dr. RANDALL reported a case having the symptoms of sinus thrombosis, in which there proved to be no involvement of the sinus.

Drs. DENCH and ADAMS briefly replied, the former drawing attention to the use of sterile saline solution by him in irrigation of the sinus.

R. Lake.

(To be continued.)

ABSTRACTS.

DIPHTHERIA, &c.

Benjamin, D.—*The Treatment of Diphtheria.* "Journ. of the Amer. Med. Assoc.," Oct. 17th, 1896.

IN the first part of this paper the treatment of diphtheria by antitoxin is discussed; statistics, most of which have been used, over and over again, by other writers, are quoted, and no very definite opinion as to the value of antitoxin is arrived at.

On the other hand, by the antiseptic treatment of diphtheria, the author has not had a single death to record during more than ten years (100 cases). Membranous croup, however, is classed as a completely separate disease, and is not included in these results. The treatment is very simple, consisting of (1) the internal administration of large doses of tr. ferri. perchlor., and (2) the local application to nose and throat, by means of an atomizer, of a solution containing acid. acet. dil., pot. chlorat., acid. carbol., tr. ferri. chlorid., pulv. alumin., acid. salicyl., and aq. ros. in water.

The statistics of this local antiseptic treatment of diphtheria are striking, if not extensive, viz :—

Benjamin.....	100 cases ...	100 recoveries.
Loeffler	71 ,,	71 ,,
Kelchner.....	75 ,,	75 ,,

The more malignant the case, the more brilliant are the results obtained.

A. J. Hutchison.

D'Aguanno, A.—*Serotherapy in Diphtheria.* "Trans. of the Royal Acad. delle Scienze Med.," 1896.

THE author, in treating of a large series of cases occurring under most variable hygienic conditions, considers serotherapy of unquestionable value in treatment of diphtheria. Accepting the unchanged hygienic conditions of the generality of cases, and the unvaried character of diphtheria epidemics, he demonstrates that the mortality percentage following the old local methods of treatment of 47·7 per cent. has, since the adoption of serotherapy, been reduced to 23·5 per cent. The variation in percentage published by numerous observers is due to the following factors :—

1. The period of the disease in which the injection is practised.
2. The quantity of the serum injected.
3. The local treatment of diphtheria, and its various complications.
4. The varying proportions in the statistics of cases of faucial and laryngeal diphtheria.

Jefferson Bettman.

D'Astros, L.—*Intubation in Diphtheria before and since the Employment of Serotherapy.* "Marseille Méd.," Oct. 1, 1896.

DIPHTHERIA had constantly been very severe in the hospitals of Marseilles. The rate of mortality was in general eighty-nine per cent. Since the introduction

https://doi.org/10.1017/S1755146300164467 Published online by Cambridge University Press