EPISTAXIS AS A SYMPTOMATIC COMPLICATION DURING RECENT DENGUE EPIDEMIC IN HOUSTON, TEXAS.*

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Among other interesting and instructive clinical observations made during the recently passed epidemic in Houston, Texas; called by some yellow fever, and by the majority dengue, it was my good fortune to come in contact with a class of cases which, I hope, may prove of some interest to the Fellows of this association. The interest in the following appended cases depends solely upon the symptom epistaxis occurring during the epidemic, especially as it took place after subsidence of the fever and during convalescence, and not during pyrexia. The character of hemorrhage was general and local. The former was characterized by arterial oozing from the turbinal and septal mucous membrane, while the latter was confined to the cartilaginous septum and anterior end of inferior turbinate.

W. E., boy, aged ten years. Epistaxis occurred about forty-eight hours after all fever had subsided. Bleeding had been, more or less, recurring for three days. Anemia was marked. He spat and vomited clotted blood. Examination showed a small ulceration of the cartilaginous septum, superficial in extent. The ulceration was treated with fused chromic acid.

Case 2. L. B., aged seven years, boy. Was seized, after convalescence, and while on the street, with bleeding from the nose. An examination revealed a small superficial ulcer of the cartilaginous septum and bleeding from the anterior end of the inferior turbinate. Treatment same as preceding case.

Case 3. Boy, aged twelve years. Had sudden hemorrhage from left nose. The bleeding was general from the septum (no ulcer) and turbinates—a diffuse arterial oozing. The mucous membrane surfaces were painted with liquid chromic acid. Epistaxis ceased in several hours.

Cases 4 and 5 were boys also. The character and site of hemorrhage were the same as in case 1.

Case 6. Mrs. O., aged twenty-eight years. Bleeding came on about six days after convalescence began and was dependent upon a

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small superficial ulcer of cartilaginous septum. Treatment with fused chromic acid.

Case 7. Mr. K., aged sixty years. Had been actively engaged after recovery from dengue when nasal hemorrhage began, recurring in character and very weakening. In this case there was also a small superficial ulcer of the cartilaginous septum. Fused chromic acid stopped the epistaxis.

The reports by medical friends in the city of a good many cases other than these reported prove this symptom to have been quite prevalent, alarming, and in one case fatal.

A Case of Retro-Pharyngeal Cyst.

Dr. Cesaris Demel reports the case of a retro-pharyngeal cyst which was found in a man who died from other causes. (*Gazz. degli Ospedeli*, July, 1897.) This cyst, about the size of a hen's egg, was in the supero-posterior angle of the pharynx behind the mucosa.

The histologic examination of the capsule showed great resemblance to the thyroid body, the cyst being filled with a tenacious mucus. Many nodules of the accessory thyroids were found around the cyst in the lateral region of the neck, thus demonstrating that it was the result of a cystic degeneration of one of these nodules.

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Twelve Cases of Primary Diphtheritic Rhinitis.

In twelve cases Dr. Eaman made a bacteriologic examination of the false membrane, and in each case found the bacillus of Loeffler. (*Revue Hebdomadaire de Laryng., d'Otol. & Rhin.*, Dec. 18, 1897.) All the cases recovered.

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