ETHMOIDAL ABSCESS CAUSED BY THE BACILLUS FUSIFORMIS OF PLAUT-VINCENT.

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Not until recently have we been regarding an ulcerative process, commonly known as Vincent's angina, as an infection of the throat only. Of late, however, in response to closer investigation, interest is growing as to the location in which this has been found.

Fruehwald¹ cites an interesting case of a little girl who had swallowed a sewing needle, which, upon examination, was found sticking in the posterior pharyngeal wall opposite the entrance of the larynx. This was extracted, but the needle broke off, and further attempts to remove the remaining piece were unsuccessful. In the next few days fever and rigidity of the neck developed, and an external operation was done to explore the tract of the needle. The needle was found in a fistulous tract with some pus. Meningitis developed and the patient died. The autopsy showed meningitis and brain abscess due to the bacillus fusiformis. Rothwell² publishes a case with chills, high temperature, severe pain, persistent cough and abundant watery-blood sputum, which was full of the Vincent organisms. Tunicliffe³ gives a case of general pyemia with multiple abscesses in various parts and organs of the body, following an appendicitis.

Ghon and Mucha⁴ published three cases, of which the first one gave a clinical history of chronic lung tuberculosis. Autopsy showed tuberculosis in right lung, of both kidneys and in the right suprarenal gland. A putrid abscess was found in the right hemisphere containing the fusiform bacilli and spirochetes. The second case is one of appendicitis, with secondary abscesses in the right tibia, cerebro-spinal meningitis, abscesses in both kidneys, in left lung and the liver. The third case is similar to the second one. Kaspar and Kern⁵ cite two histories, very much like the above, in one the appendix being the starting point, and in the other one, very probably the cardia of the stomach. The above cases show us that almost any portion of the body may be invaded by this organism.

To the above I wish to add my case-report: Male, aged 54, with a history of supra-orbital headache mostly over the right side, duration about three weeks; no more than usual discharge from

the nose; no elevation in temperature. The headache seemed worse in the morning. Examination showed nothing external, no protrusion of eyeball or redness; pain could be elicited on pressure over internal orbital plate. Internally, left side negative. No discharge on right side, but the middle turbinate filled the upper nasal space. A diagnosis of ethmoid trouble was made with a probable frontal sinus involvement.

The operation, under cocain, consisted in an attempt to resect the front portion of the middle turbinate. This, however, was merely a shell filled with a cheesy material of a characteristic odor. Microscopic examination revealed the fusiform bacillus and the accompanying spirochete, and here and there other forms of bacteria; there was now no question as to the diagnosis.

The entire middle turbinate had to be removed, since a good deal of destruction had gone on in the ethmoid cells; both the anterior and posterior sinuses had to be taken out; the fronto-nasal duct was enlarged and the entire ethmoid cavity carefully curetted. This space was swabbed out with a weak iodine solution and lightly packed with xeroform gauze, and patient was given five grains of urotropin every four hours as a protection for any cerebral complication. Packing was removed the next day and the cavity repacked with a tampon of a 10 per cent solution of salvarsan in glycerin. This was left there one hour and repeated daily for four days. The headache rapidly disappeared and practically no pus was seen after the operation. In ten days' time the patient was sent home with instruction to cleanse the nose with a weak solution of iodine. Though it is a year since the operation, there has been no trouble or recurrence.

Twenty years ago, Plaut and Vincent, entirely independently discovered that this form of ulcerative angina is due to two different organisms, but in the last six years much more work has been done and it is now generally conceded that we do not have two distinctly different organisms, but that one is merely an evolutionary form of the other, always found together. This view seems to have been definitely proved by Tunncliffe.

Lasagna^o in his experiments came to the conclusion that the spirochete might be the primary factor, as he found the fusiform bacilli very scarce in the beginning. By inoculating necrotic tissue into guinea pigs he could produce much severer and more timely symptoms than by injecting the fusiform bacilli alone. Hence his conclusion.

In regard to treatment might be mentioned that Gerber⁷ has given salvarsan intra-venously with good results (0.5 and 0.6 grams were used). Rumpel⁸ reports seven cases with equally good results. On the local action of salvarsan, Achard⁹, Gutmann¹⁰, and Sourdel¹² have reported favorably. The salvarsan was suspended in glycerin. Zitz¹³ has also reported good results, by first irrigating with a saline solution and a 10 per cent solution of salvarsan, suspended either in water, glycerin or oil.

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Sluder Method of Tonsillectomy. A. M. CORWIN, *Ill. Med. Jour.*, Jan., 1913.

In this paper Corwin lauds Sluder's method of tonsillectomy and describes the various modifications and improvements made in the instrument and accessory technic.

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Malignant Disease of Tongue and Mouth. R. ABBE, *Med. Rec.*, March 15, 1913, p. 461.

From observations, during the last ten years, of 40 cancers of the tongue, 15 leucoplapias, 27 sarcomata of the jaw, 40 sarcomata of the pharynx and tonsil, and carcinomata and tumors in various other regions Abbe concludes that early radical operation is the only reliable procedure. Radium is effective in giant-cell sarcoma and in leucoplakia.

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