those hitherto unsatisfactory cases which extend over years, and eventually present themselves with the most alarming and urgent symptoms, will become greatly reduced in number, and when such a case as that which I have described again presents itself, I shall not hesitate to open the stomach and endeavour to find the actual cause of the haemorrhage. If it should prove to be of the "erosive" variety, one can ligature the several bleeding points; and if, as has been described in some cases, no actual bleeding point is discovered, then the mere fact of exposure and manipulation of the inner surface of the stomach, together with hot irrigation, may be expected to do good. With the greatly-improved methods of gastro-jejunostomy and the comparative rapidity with which this can now be done, and with the successes thereby obtained in the treatment of gastric ulcer, there will no doubt arise considerable difficulty in deciding whether gastro-jejunostomy, or attempting to find the bleeding surface, should be preferred, but each case will have to be judged on its own merits. It would be very disappointing after a gastro-jejunostomy had been done to find haemorrhage recurring, and this seems not altogether unlikely if such a large artery has been ulcerated as in the above case.

OZAENA (ATROPHIC FETID RHINITIS), A CAUSE OF GASTRITIS.

By ADOLPH BRONNER, M.D.,

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ONE of the most characteristic symptoms of ozaena, apart from the offensive smell, is the peculiar pale, ashy, complexion of the patient. A bad taste in the mouth in the morning, with vomiting, and no appetite are other common complaints. These symptoms are due to the passing of the offensive nasal discharge full of bacilli into the stomach, and their deleterious action on the mucous membrane and on the contents of the stomach. We know that even the acid contents of a healthy stomach do not kill all the bacilli, as large numbers of them and their spores pass into the intestines unharmed. Bacilli frequently invade the mucous membrane of the stomach and set up extensive inflammation, which causes fatty degeneration of the glands and consequent incurable indigestion. They also act on the stomach contents, decompose them, and produce bodies which are extremely harmful and irritating, and in some cases they also cause putrefaction. We must remember that in cases of ozaena there is a constant trickling down of offensive mucus into the stomach, day and night for years, not only during the periods of digestion, when there is a plentiful supply of hydrochloric acid, but also between meal-times when there is very little HCl. to destroy the bacilli. It is not surprising that under these circumstances the stomach contents are in a very active state of fermentation and decomposition, and that the mucous membrane is in a condition of chronic inflammation. I have washed out the stomach in several cases of ozaena in the morning, and the offensive condition of the contents surpassed even my most vivid expectations.

For some reason or other (possibly due to the contamination of the air by the large number of mills and factories) ozaena is very common in the West Riding of Yorkshire, and yet how often is it overlooked, and even when diagnosed how carelessly is it treated? I recollect extremely well a correspondence I had not very long ago with a well-known physician. He had been treating a lady for some considerable time (and I may say unsuccessfully) for indigestion and vomiting. She consulted me for an offensive nasal discharge. I diagnosed ozaena, and, hearing that she was under treatment elsewhere, wrote to the physician and suggested that perhaps the ozaena might be the cause of the gastric trouble. I was told that it was ridiculous to think that this could be the case, and that specialists should confine themselves to their own specialities. Anyhow, the vomiting soon disappeared when the nasal discharge was cured. In another case a girl complained of offensive breath and vomiting. She had been treated for indigestion for some time, had had most of her apparently sound teeth removed, with no results. She was suffering from ozaena. I could relate numerous similar cases.

The methods of treating ozaena are often most remarkable. Some of the older surgeons seem to think that ozaena is due to caries of the nasal bones (generally syphilitic), and their

treatment consists in scraping away as much of the contents of the nasal cavity as they possibly can.

I do not intend to discuss the various methods of treating ozaena; they are legion. In many cases one or more of the accessory cavities of the nose are affected, and until these are opened up and treated we can naturally not cure the ozaena. I have tried numerous local applications, and find that formalin, used as a spray or douche, is by far the most efficacious. It prevents the formation of crusts, and removes the offensive smell better than any other remedy I know of. I also in bad cases apply trichloroacetic acid or the galvanocautery to the diseased mucous membrane.

AN INSTANCE OF ADIPOSIS DOLOROSA IN TWO SISTERS.

By J. A. HAMMOND, M.B.,
Shanklin.

DR. CHEVERS in the BRITISH MEDICAL JOURNAL for April 2nd, 1904, calls attention to a case of adiposis dolorosa occurring in a male whose father and sister both had the same disease. At the present moment I have under my care a case that also illustrates the fact that this disease may at times be a family one. The patient is a stout woman of 61 years. She has had six children and one miscarriage. There is a fairly strong alcoholic history. The disease started when she was 35 by the deposit of localized fatty swellings in both forearms. At the present moment they are also situated on the thighs and the abdomen. They vary in size from a small orange to that of a walnut. The hands, face, and feet are quite free.

Pain has all along been a marked and persistent feature. Associated with this is considerable tenderness when the swellings are touched. There have been no haemorrhages, but the skin is somewhat more pigmented than usual. There are no mental symptoms and she has never suffered from any form of fit. No change in the thyroid can be made out clinically. The accompanying photograph of the arms may give some idea of their appearance. Although I have not been able to see the patient's sister my partner has examined her. She is a woman of 40 years. She has had seven or eight children and several miscarriages, so there is possibly a specific history in this case. In this latter instance the disease started some years ago, in much the same manner, with local tumours in the arm, and fresh ones are gradually forming elsewhere. Here, again, pain has been a noticeable element.

THE London School of Dental Surgery gave a *conversazione* on June 13th at the Royal Institute Galleries. Prizes were distributed to the successful students by Sir W. J. Collins. The Prince's Orchestra was in attendance, and exhibitions of electrical experiments, abnormal crystals, microscopic objects, and wireless telegraphy were given by Mr. Chisholm Williams, Mr. Charters White, Mr. J. Howard Mummery, and Mr. R. Kerr respectively.

REQUESTS TO HOSPITALS.—Under the will of the late Mr. George Handyside, of Newcastle, £20,000 has been bequeathed to the Newcastle Infirmary, £10,000 each to the Whitley Convalescent Home and the Gateshead Children's Hospital, and £3,000 to the Newcastle Eye Infirmary. The late Miss Elizabeth Esther Gore, of Hove, left £100 to the Sussex County Hospital and £50 to the Brighton and Hove Dispensary. Mr. Samuel Baker Coates, of Stanton Drew, Somerset, bequeathed £200 each to the Bristol Royal Infirmary and the Bristol General Hospital.