

MOUTH, TONGUE, PHARYNX, &c.

Masters, J. A. (London). } *Black Tongue*. "Brit. Med. Journ.," Nov. 14, 1891
 Smith, I. A. (London). }

TWO instances of this are reported. In one case, the black patch disappeared spontaneously in about three weeks, and in the other it disappeared in a few days after the use of a mixture of nitric acid and nux vomica, and a mouth-wash of lemon-juice and water. No cause was detected.
Hunter Mackenzie.

Körner (Frankfurt-a-M.)—*Enuresis Nocturna and Mouth-Breathing*. "Centralbl. für Klin. Med.," 1891, No. 23.

THE author has observed two cases of combination of these two anomalies.
Michael.

Felsenthal (Berlin).—*Report on the Internal-policlinic of the Friedrichkrankenhaus in the years 1890-91*. "Archiv für Kinderheilk.," Bd. 14, Heft 1.

(1) *Congenital macroglossia* was observed in a child two years old, combined with congenital hypertrophy of the muscles and malformation of the root of the nose, and cretinism. (2) *Emphysema of the skin* arose from laceration of a tuberculous ulcer of the right bronchus during an attack of whooping cough in a child two and a half years old. (3) *Congenital goitre*, in the form of a tumour of the size of a walnut, giving the feeling of a soft cyst sitting on both sides of the neck, was observed in a girl twenty-five days old.
Michael.

Mandelstamm (Kiew).—*Pemphigus of the Mouth, Pharynx, and Larynx*.

THIS disease is recorded by the author. Five times the appearances were not unlike those of diphtheria. Large bullæ covered the mucous membrane, and in only one case was it accompanied by the same thing in the skin. Nothing seemed to be of any use in the way of treatment.
Michael.

Milligan (Manchester).—*Primary Malignant Disease of Tonsil*. "Brit. Med. Journ.," November 28, 1891. Clinical Soc. of Manchester, November 17, 1891.

EXHIBITION of a man, aged forty-nine, the subject of this disease. The tonsil was much enlarged, and a small unhealthy ulcer occupied its centre. The surrounding tissues were infiltrated.
Hunter Mackenzie.

Neumann (Wien).—*Clinical and Pathological Changes in the Tonsils and Palate*. Deutsche Dermatolog. Gesellschaft. Leipzig, 1891.

THE author describes the disease from the beginning, and speaks of the swelling and redness found in the mucous membranes in the earlier stages. The tertiary disease, consisting of ulceration, loss of substance, with hardening of the walls, is fully gone into.
Michael.

White, Digby (Sheffield).—*Fatal Cases of Poisoning by Strong Acids.* "Brit. Med. Journ.," November 28, 1891. Sheffield Med. Chir. Soc., November 19, 1891.

EXHIBITION of specimens from two cases. In the one, the stomach showed five perforations, and death occurred in six and a half hours after strong sulphuric acid had been taken. In the other, the swallowing of strong nitric acid produced excoriation of the œsophagus and larynx, with complete destruction of the stomach. Death ensued in one and a half hours.

Hunter Mackenzie.

Hajek (Wien).—*Pharyngitis Fibrinosa.* "Internat. Klin. Rundschau," 1891, Nos. 40, 41, and 42.

THE author reports some cases to show that a chronic fibrinous pharyngitis may exist without any diphtheritic infection. (1) A patient, thirty-four years of age, became feverish, and suffered from dysphagia. After six days he consulted the author. On the inflamed red membrane white-greenish patches could be seen. These membranes were two millimètres thick. For fourteen days these disappeared and reappeared. Patient got quite well, but stated he had the same affection two years ago. Microscopic examination did not detect any bacilli. (2) A patient, twenty years of age, suffered from difficulty in swallowing. The uvula was covered with a white membrane. These membranes increased within a few days to the epiglottis and tonsils. He got well a few days later. The author believes this patient was also suffering from influenza. No diphtheritic bacilli found. (3) A patient, forty-five years of age, suffering from hoarseness and pain in swallowing, had greenish membranes on the palate and tonsils. Cure in fourteen days. Two months later the same thing occurred. (4) Other two similar cases were observed. In all these the author does not believe that diphtheria existed. [I believe it is not possible to exclude diphtheria with certainty in such cases.]

Michael.

Hochenegg. — *Œsophagoplasty and Total Extirpation of the Larynx.* Gesellschaft der Aerzte in Wien. Meeting, Oct. 30, 1891.

THE patient had a large, hard tumour of the neck, and an epithelioma of the left sinus pyriformis, and a diffuse infiltration of the ary-epiglottic fold and the right side of the pharynx. Tracheotomy was followed by extirpation of the neck tumour, and extirpation of the larynx. A part of the œsophagus also had to be removed because it was also infiltrated. The lateral parts of the skin were then stitched to the œsophagus, so that a new œsophagus was formed. The trachea was sewed to the œsophagus and the anterior skin, so that the space between the trachea and œsophagus was filled up. The new formation of the œsophagus was completed by a plastic operation some months later. As the trachea was stitched to the skin and closed from the mouth an artificial larynx could not be applied. The author, therefore, applied an apparatus, consisting of a drain introduced by the lower nasal meatus, communicating with a balloon containing air, placed on the thorax. The balloon could be compressed by the right arm. It was thus possible for the patient to produce language.

Prof. STOERK mentioned a similar apparatus applied by him some years ago.

Prof. SCHRÖTTER remarked that often patients without any larynx at all, or with only half a larynx, can produce a whispering voice.

Prof. BILLROTH also has observed a whispering voice in patients with extirpated larynx.

Profs. HOFMOKL and HACKER made some remarks concerning œsophagoplasty.

Prof. EISELSBERG showed a patient in whom he had extirpated the larynx some weeks ago for carcinoma. The patient has an artificial larynx. *Michael.*

Wilson, T. Stacey (Birmingham).—*Facial Paralysis.* "Brit. Med. Journ.," November 28, 1891. Midland Med. Soc., October 28, 1891.

EXHIBITION of a young woman, the subject of paralysis of the seventh and fifth nerves, probably due to a cerebral meningeal lesion. The author says that a point of interest in the case was that the palate moved perfectly, and that the uvula could be completely retracted without the least sign of paralysis. On the affected side there was distinct impairment of hearing, probably due to paralysis of the stapedius muscle. Taste on the anterior part of the tongue was lost. [As the researches of Vulpeau, Beevor, and Horsley have shown that neither the fifth nor the seventh nerve has anything to do with the motor innervation of the soft palate, it is not surprising that, in this case, neither palate nor uvula showed signs of paralysis. The spinal-accessory is the motor nerve of these parts.—ABTRACTOR.] *Hunter Mackenzie.*

Schiffers (Liège).—*Foreign Body in the Œsophagus.* "Annales de la Soc. Méd.-Chirurgicale de Liège," 1891, No. 11.

A YOUNG boy of sixteen had swallowed a Belgian two-franc piece, which had become arrested in the upper part of the œsophagus. The only symptom produced was difficulty of deglutition. An unsuccessful attempt was made to extract the coin through the mouth. The "potato cure" was adopted, and on the next day castor oil administered. On the fourth day the coin was discharged in the stools. *Hicguet.*

LARYNX, &c.

Wolf (Metz).—*Contribution to the Anatomy and Physiology of the Larynx.* "Deutsche Med. Woch.," 1890, No. 43.

A MAN, thirty years old, noticed crepitation when he moved his head up and down. Objectively the author found abnormal mobility of the thyroid on the cricoid cartilage. Sometimes he believed a little dyspœna arose. The author believes that there is chronic luxation of the crico-thyroid joint. [The same noise, by moving the cartilages with the hand,