

MOUTH, TONSILS, PHARYNX.

Hefelmann (Dresden).—*On the Effect of Mouth Waters upon the Substance of the Teeth.* “*Deutsche Med. Zeitung*,” 1894, No. 47.

RECOMMENDATION of odol.

Michael.

Bergmann (Worms).—*Waters for Gargling.* “*Deutsche Med. Zeitung*,” 1894, No. 64.

RECOMMENDATION of the “*Kaupastillan*” (see the report in this Journal).

Michael.

Rolleston (London).—*Carcinoma of the Mouth.* “*Brit. Med. Journ.*,” May 5, 1894.

FOR the upper inch and a half the trachea and œsophagus were surrounded by a dense contracting growth, which necessitated tracheotomy and gastrostomy. The thyroid was involved. After death no primary disease was found in the trachea or œsophagus, nor did the disease arise in the thyroid gland; whether in a branchial cleft or an accessory thyroid, the author could not say. He did not consider it was situated in the lymphatic glands. Shattock had seen such cases, and thought that in some of them the secondary disease arose without a primary lesion. As Butlin thinks, the primary lesion might have become abortive.

Wm. Robertson.

Chiari.—*Hard Tumour on the Dorsum of the Tongue.* Gesellschaft der Aerzte in Wien. Meeting, June 15, 1894.

THE author exhibited a patient, forty-eight years old. The tumour was removed by the galvano-cautery, and examination proved it to be of a fibrous nature. Cure followed.

Michael.

Rosenthal (Berlin).—*Contribution to the Bullous (Blasenbildend) Affections of the Mouth.* “*Deutsche Med. Woch.*,” 1894, No. 26.

THE author has observed three such cases. Three men, aged about thirty, had a disorder of the mouth, manifested by blisters, which arose on the mucous membrane of the tongue, the lips, the palate, and the pharynx. At the same time there were vesicles on the genitals, having a cyanotic appearance, with a red areola. The disease was erythema bullosum, with localization in the mouth. The attacks occurred in all cases in spring and at harvest time. The author concludes that local pemphigus of the mucous membrane of the mouth is an erythema bullosum, a special form of erythema multiforma. Characteristic is the tendency to recurrence.

Michael.

Fraenkel, E. (Hamburg).—*On the so-called Bednar's Aphthæ.* “*Jahrbuch des Hamburgischer Staatskrankenhause, Jahrgang 1892-93.*” Hamburg: Leopold Voss. 1894.

THE most important symptom of Bednar's aphthæ is localization over two symmetrical parts of the hard palate. The affection is benign, and only

local. It is only observed in the new-born. It has no etiological relation to the little vesicles sometimes found in the region of the raphé of the hard palate. Anatomical examination of the mucous membrane shows that there is no difference in the thickness between the parts of the mucous membrane in which the aphthæ are localized and the other parts. Also *in vivo* neither by extreme distension of the jaws nor by other movements is the mobility of this part of the mucous membrane produced. The histological examination of four specimens of the disease shows that the affection begins with the entrance of bacteria between the epithelium, and then follows an elevation of the epithelium. In the vacuum so produced there often develops a serous exudation, and sometimes laceration of the mucous membrane. The author believes that careful cleansing is the best treatment. *Michael.*

Colley, U. Davis (London).—*An Operation for the Cure of Cleft of the Hard and Soft Palate.* "Brit. Med. Journ.," April 28, 1894.

IN this operation the tissues at the margins of the fissure on each side, of some breadth, are freed and brought together throughout their length by silk sutures, thus forming a bridge over the fissure, with a mucous surface superiorly and a raw inferior surface. The remaining muco-periosteum is slid inwards to form another bridging flap inferior to the above, with an inferior mucous surface and an upper raw. The tongue tends to press these two flaps into contact. One lateral incision is made to prevent tension. No tissue is sacrificed, but the number of sutures is larger than in other operations. In each of the six cases four-fifths of the cleft was covered. Mr. Durham referred to the value of moving a flap from one side to attach it to the other. Mr. Morgan anticipated failure from food and saliva getting between the two flaps.

Wm. Robertson.

Lange (München).—*Multiple Papilloma of the Tonsil, Tongue and Epiglottis.* Contribution to the Development of Inflammatory Papillomata. Arbeiten aus der Münchener Klin. Institut, 1893.

DESCRIPTION of the result of an exact histological examination of the tumours. *Michael.*

Du Castel.—*Syphilitic Sore of the Tonsil.* "Journal de Praticiens," Aug. 17, 1894.

A GENERAL review, with two original cases. *A. Cartaz.*

Gouguenheim and Ripault.—*Peritonsillar Abscess.* "Bull. Soc. Med. des Hôp.," July 19, 1894.

RELATION of five cases of peritonsillar phlegmonous abscess, with a description of the symptoms and indication for treatment. *A. Cartaz.*

Marion.—*The Affections of the Lingual Tonsil, and especially Lingual Acute Tonsillitis.* Thèse de Paris, 1894.

RESUMÉ of the contributions upon that subject, containing two original cases. *A. Cartaz.*

Veillon.—*Researches on the Etiology and Pathogeny of Acute Non-Diphtheritic Angina.* Thèse de Paris, 1894.

IN the various forms of angina (catarrhal, phlegmonous, and pseudo-membranous) there are found the same microbes, specially the pyogenes streptococcus (twenty-four times out of twenty-four cases), the pneumococcus, and the staphylococcus. The streptococcus is the most virulent, and the principal factor of these inflammations. The variety of anginas is the result of the different localization of the microbe and the degree of virulence exhibited. The streptococcus of angina is similar to the microbe of erysipelas and of suppuration. *A. Cartaz.*

Herzberg.—*Angina Tonsillaris in Children.* Inaugural Dissertation. Dorpat, 1893.

NOTHING new.

Michael.

Wolberg (Warschau).—*Clinical Contribution to the Etiology and Incubation Period of Angina Follicularis in Children.* "Archiv für Kinderheilk.," Band 17, Heft 3 and 4.

THE disease is contagious, and the time of incubation is from three to four days. This great fact the author has established by the observation of two children, who both had the disease—one four days later than the other (!). *Michael.*

Myles (Ireland).—*Perforating Wound of Pharynx.* "Brit. Med. Journ.," May 26, 1894.

THE author referred to a case in a man who came to hospital complaining that he had swallowed a fish bone. He was able to swallow fluids but not solids. No probang was passed. Five or six days afterwards he became feverish and shortly died. A small fish bone was found to have perforated the pharynx, and also the trachea. A mediastinal abscess had formed, and the patient had in addition purulent pneumonia. *Wm. Robertson.*

Engelhardt (Bonn).—*Pharyngeal Reflexes in Normal and Hysterical Persons.* Inaugural Dissertation. Bonn, 1893.

THE author's researches gave uncertain results, so that the existence or non-existence of the reflex has no diagnostic value. *Michael.*

Courmont.—*Pharyngeal Spasm in Locomotor Ataxy.* "Rev. de Med.," Sep., 1894.

Magnan.—*Pharyngeal Symptoms in Tabes.* Thèse de Lyon, 1894.

COURMONT relates the case of a man of sixty-two years of age tabetic for twenty years, with no history of syphilis. Without reason he had an attack of pharyngeal tonic spasm, which prevented the introduction of food or drink. There was no laryngeal or œsophageal spasm. The muscles of the posterior and lateral part of the pharynx were alike tetanized. By the method of suspension the spasm disappeared at the first sitting, and there was no recurrence afterwards.

MAGNAN relates the same case, and anterior similar observations of Jean, Lizé, and Oppenheim, and studies the various forms of pharyngeal troubles in the tabetic. *A. Cartaz.*

Zarniko. — *Tuberculosis of the Pharynx.* Aertztlicher Verein in Hamburg. Meeting, April 17, 1894.

THE author showed a case. The affection began with an ulceration of the right tonsil in February last. Iodide of potassium was given without effect. The condition has now made progress, and the soft palate, uvula, epiglottis, epiglottic folds, and the right vocal band, have become ulcerated. *Michael.*

Catti (Fiume). — *Pharyngo-Laryngeal Types of Acute Miliary Tuberculosis.* "Wiener Klin. Woch.," 1894, No. 24.

THE author proposes to call such cases of miliary tuberculosis in which the affection begins in the pharynx and larynx a pharyngo-laryngeal type analogous to the typhoid, the meningeal, the broncho-pneumonic and the chronic types of the disease. The author has observed this form in two cases. *Michael.*

Urcelay. — *Varices of the (Esophagus.* Inaugural Dissertation. Berlin, 1893.

NOTHING new.

Michael.

Hacker (Wien). — *The Treatment of Deep-scated Cicatricial Strictures of the (Esophagus by application of Bougies without end after temporary Gastrostomy and (Esophagotomy.* "Wiener Klin. Woch.," 1894, Nos. 25 and 26.

THE author reports some cases in which he had applied this method, originally proposed by him in his book (see the report in this Journal), with good results. *Michael.*

NOSE AND NASO-PHARYNX.

Zwardemaaker. — *Olfactometry.* "Neurolog. Centralbl.," 1893, page 729.

EXPERIENCES with the method are related.

Michael.

Henshaw (Sale). — *Nasal Feeding in Cases of Painful Deglutition.* "Brit. Med. Journ.," May 19, 1894.

THE author recommends this in all painful affections of the mouth and palate. [And he might have added, of epiglottis and arytenoid regions.—*Rep.*] *Wm. Robertson.*

Franke, G. (Berlin). — *Experimental Examination of Air-Pressure, Air-Movements, and Air-Changes in the Nose and its Accessory Sinuses.* "Archiv für Laryngologie und Rhinologie," 1893, Band 1, Heft 2.

THE experiments which the author carried out partly with a nasal tube, partly on a model of the nose, and partly on a specimen gave the following results. The air-pressure in the cavities of the nose is determined by (1) the absolute extent of the whole nasal cavities; (2) the relative size, *i.e.*, the difference in size between the choanæ and the nasal cavity (or rather its narrowest part); (3) the position of the narrowest