

structures. There really seems no valid reason to surround the tonsils with any mystery of physiological function. They are merely ordinary lymphatic structures capable of absorbing passively only when their epithelial covering is broken just as any other mucous membrane. As to any selective action in the absorption of any particular fluids or ferments, there is certainly no evidence; as to their possessing any secretive properties, there is every possible reason to deny any such function.

THERAPEUTICS, DIPHTHERIA, &c.

Astringent Gargles.—“The Times and Register,” May 30, 1891.

THE following formula is given for the gargle known as “Goddard’s astringent gargle,” copied from the “American Journal of Pharmacy” :—

Fol. rosæ rub.	...	...	...	ʒii.
Aquæ bullientis	...	...	...	ʒv.
Acidi sulphurici dil.	...	...	...	ʒss.

Infuse, when cold strain, and add—

Mel despumati	...	...	...	ʒi.
Acidi tannici	...	...	...	ʒii.
Aluminis	...	...	...	ʒii.
Spir. vini rectificati	}			āā ʒvi. Mix.
Aquæ rosæ				

Another gargle is as follows :—

Red rose petals	...	...	...	ʒii.
Pomegranate rind	...	...	...	ʒiv.
Boiling water	...	...	...	ʒvi.

Infuse, strain, and add—

Alum	...	...	...	...	ʒii.
Clarified honey	...	...	...	...	ʒi. Mix. Filter.

R. Norris Wolfenden.

Phillips.—*The Local Therapeutics of Diseases of the Nose and Throat.* “Med. Rec.,” April 11, 1891.

WENDELL PHILLIPS is decidedly in favour of conservative surgical procedures in a large proportion of the cases of chronic catarrh. The influence of drugs properly applied is of great value in the management of these cases. Aqueous solutions, especially sprays, are used far less than formerly, because their place has been filled by better remedies. The most important exception to this rule is the peroxide of hydrogen, which, in addition to other qualities, is especially useful in the softening and removal of inspissated crusts, and for cleansing open sores and cut surfaces. Great good will result in all operative cases from careful after-

treatment, and here is where the peroxide of hydrogen is of inestimable value. The various products of petroleum that can now be obtained in liquid form have taken the place of the aqueous solutions formerly so much used. They are palatable, non-irritating, and capable of carrying many needed remedies in solution. They are soothing to mucous surfaces, may be used warm or cold, and never clog the spray-tube. They may be made antiseptic to some degree by the addition of gum benzoin. On account of their oily properties they remain on the surface of the membrane for some time, during which they not only protect the membrane from atmospheric influences, but give to it whatever remedy they may contain. Menthol, eucalyptol, oil of eucalyptus, cocaine, terebene, thymol, carbolic acid, camphor, iodine, oil of gaultheria, tar, iodoform and aristol may be dissolved in liquid petroleum and used as sprays. Menthol should not be used in a proportion to exceed twenty grains to the ounce, and ordinarily ten grains to the ounce will suffice. Eucalyptol is preferable to the oil of eucalyptus; it is less irritating, pleasanter to the taste, and can be used in smaller quantities. It should never be used stronger than half a drachm to the ounce, and the oil of eucalyptus not stronger than a drachm to the ounce. Terebene may be used in the proportion of twenty grains to the ounce. Carbolic acid and iodine, of each one grain to the ounce, is sufficient for cases requiring these drugs, and thymol may be used ten to twenty grains to the ounce. A solution of aristol, thirty grains to the ounce of benzoin, is of service in atrophic rhinitis with ozæna and in specific rhinitis. The aluminium aceto-tartrate in a twelve per cent. solution is of value in chronic hypertrophic rhinitis and to arrest hæmorrhage after operations.

R. Norris Wolfenden.

Williams, C. Theodore (London).—*Remarks on the Treatment of the Pyrexia of Phthisis.* "Brit. Med. Journ.," March 28, 1891.

THE author's conclusions are as follows :—(1) The pyrexia due to tuberculization is best dealt with by derivative measures, such as counter-irritation, salines promoting secretion from other organs, and assisting expectoration. (2) That in the treatment of the pyrexia accompanying softening and excavation, measures which hasten these processes are found to be most successful, especially if combined with anti-periodics, such as quinine, salicin, salicylate of soda, to moderate the fever. (3) That the use of medicines solely directed to lowering the temperature of the body without promoting increase in the natural secretions is generally inadvisable. (4) That our object in the treatment of phthisical pyrexia should be, not the reduction at all hazards of the temperature, but its lowering to the limits compatible with the comfort and well-being of the patients, and for this end that much may be done, in addition to the discriminating use of medicines, by the simple means of frequent food, combined with stimulants and rest in bed.

Hunter Mackenzie.

Editors of the "Lancet."—*Inhalations in the Treatment of Phthisis.* "Lancet," May 23, 1891.

PROFESSOR GERMAIN SÉE'S method of treating phthisis is thus described: "The patient is shut up in a metal chamber hermetically

“closed, and compressed air, passed through creasote and eucalyptol, is made to enter slowly. The air in passing through these liquids is saturated, and arrives charged with a large quantity of these medicaments. The pressure must be slowly increased, and should not exceed a half-atmosphere. The speed of delivery of the air saturated with the medicated vapours is from fifteen to twenty cubic metres per hour for a space of five cubic metres of capacity. The length of time the patient remains in the chamber is usually two hours, sometimes three or more, and no inconvenience ensues as the result of this procedure. The inhalations are made daily or more frequently.” Twelve cases were treated in this fashion (ten of tubercular phthisis in the softening stage, one of apical bronchitis, and one of foetid bronchitis), and in all there appears to have been considerable improvement, especially as regards expectoration and general condition. It is suggested that this plan may prove useful in face of the accepted futility of the methods of treatment by inhalations hitherto employed. [No mention is made of clinical evidence of the presence or absence of bactericidal effect, but Guttman is quoted as having found, in 1889, that the saturation of the system with creasote arrested the development of the bacilli. The value of guaiacol—one of the chief constituents of creasote—has been already pointed out in several of our recent abstracts.]

Dundas Grant.

Ransome, Arthur (Manchester).—*On Certain Conditions that Modify the Virulence of the Bacillus of Tubercle.* “Brit. Med. Journ.,” April 11, 1891.

THE result of an experimental enquiry. The author believes that his experiments are too few in number to justify the statement of positive conclusions, but, so far as they go, they tend to prove that fresh air and light, and a dry sandy soil, have a distinct influence in arresting the virulence of the bacillus of tubercle; that darkness somewhat interferes with this disinfectant action, but that the mere exposure to light in otherwise bad sanitary conditions does not destroy the virus. There are also some indications that the presence of a cotton-wool envelope may somewhat interfere with the action of both good and bad air respectively.

Hunter Mackenzie.

Bogroff, K.—*On the Use of Fuchsin in Diseases of the Pharynx and Larynx.* Meeting of the Medical Society of Odessa. “Vratch,” 1891, No. 16.

ON account of the capacity of aniline colours to permeate by imbibition the superficial layers of tissues, the author began in 1888 to use solutions of antiseptic fluids in combination with fuchsin. In one case of mycosis pharyngis, where different antiseptics were of no use, a solution of sublimate (1:1000) with fuchsin brought about a quick cure. Good results were noticed by the author in cases of difficulty in swallowing in phthisical patients if these difficulties arise in consequence of irritation in the larynx, produced by the secretion of the lungs, which secretion is sometimes in abundance, covering the mucous membrane of the larynx. In these cases the injected aniline colours permeating the superficial layers protects the mucous membrane from irritation, and produces a quick improvement in the state of the inflamed membrane, and con-

sequently lessens or totally removes the difficulty in swallowing. The conclusions to which the writer came are as follows:—(1) It is useful to inject fuchsin into the larynx with a prophylactic view in those cases of phthisis where the laryngoscopic examination shows any appearance of irritation in the larynx. (2) In using antiseptics in order to act on the bacilli, it is advisable to add one of the innocuous aniline colours. (3) The addition of colour is useful, in that it enables the physician to judge of the quantity of medicament that has reached the larynx, and also if it has reached the proper place.

E. Draispul.

Jonquière (Bern).—*Local Treatment of Laryngeal Tuberculosis.* “Correspl. für Schweizer Aerzte,” 1890, No. 9.

MERELY a review.

Michael.

Downie, J. Walker (Glasgow).—*Intra-Laryngeal Injections in the Treatment of certain Laryngeal and Pulmonary Affections.* “Brit. Med. Journ.,” April 18, 1891.

THE author has found the most efficacious and most pleasant form of injection to be twelve to twenty per cent. of menthol, with two to four per cent. of guaiacol, in olive or vaseline oil. Two drachms of this may be used at one sitting. He records several cases of pulmonary and laryngeal phthisis which have apparently been benefited by this treatment.

Hunter Mackenzie.

Von Klein.—*Morphine by Insufflation.* “New York Med. Rec.,” May 30, 1891.

BETTER, speedier and longer effect said to be obtained by insufflation of morphine into the nostrils than by hypodermic injection of the same quantity. [The intra-nasal application of drugs in lower animals has been found a peculiarly delicate method of therapeutic investigation.]

Dundas Grant.

Muralt.—*Intubation.* Gesellschaft der Aerzte in Zurich, Meeting, Jan. 31, 1891.

THE author reviews the question of intubation, and concludes that it is a useful operation.

KRONLEIN believes that tracheotomy is generally better than intubation.

Michael.

Massei.—*Intubation of the Larynx.* Société Française d'Otologie et Laryngologie.

M. MASSEI points out the use which Lefferts has made of intubation in syphilitic cicatrization, and the cures obtained.

The author has tried this twelve times—five syphilitic, three tubercular, two after tracheotomy, one papilloma, and once in a case of pachydermia. He thinks intubation is indicated in very different pathological conditions. Stenosis, acute and chronic, may be got to yield, and in a surprisingly short space of time.

Joal.

Suarez.—*Laryngeal Forceps.* Société Française d'Otologie et Laryngologie, March, 1891.

THE new forceps have an opening at the extremity permitting the tumour to be seen when it is seized.

Joal.

Z

Goodwillie.—*The Electric Caustery in Surgery, with Special Reference to its Use in the Nose, Throat, and Mouth.* Medical Society, State of New York. "New York Med. Journ.," Feb. 7, 1891.

OF all the therapeutic means for the removal of hypertrophies and abnormal growths of any part of the body, but especially those of the nose, throat, and mouth, electric caustery was of the most special value, and would produce results that could not be so well attained by any other method of treatment. It was eminently superior to any caustic or cauterizing agents used in surgery, it could be limited in its action and quickly applied, and was entirely under the control of the operator. For its successful use as a means of treatment it was not necessary to have a profound or technical knowledge of electricity. The electrical energy was now readily supplied with simple means of controlling the electro-motive force to any particular case in hand. The troublesome and vexatious primary batteries would soon be among the things of the past, and in their place the electrical power would be supplied in storage cells or used directly from the dynamo, the current being controlled at the will of the operator. Dr. Goodwillie exhibited a complete electro-surgical apparatus which he had made for special employment in surgical cases in any part of the body, and described the electrical apparatus which he had arranged, which consisted of a Piffard's combined dynamo and motor wound to take a 120-volt constant current with a speed of 2200 revolutions, which could be regulated by the candle power of the lamp. Attached to the motor was a shaft with a hand-piece for carrying the instruments. The caustery was controlled with a rheostat, so that the smallest point electrode or platinum wire six inches in length might be used. He also explained in detail the various instruments which formed a part of the outfit and their adaptability to the special requirements of electro-caustery.

R. Norris Wolfenden.

Hildebrandt (Aschaffenburg).—*On Diphtheria.* "Münchener Med. Woch.," 1891, Nos. 18, 19, 20.

REVIEW of the subject.

Michael.

Hebold (Soran).—*House Epidemics of Diphtheria.* "Deutsche Med. Woch.," 1891, No. 19.

DESCRIPTION of some cases.

Michael.

Munn, W. P.—*Diphtheria; its Cause and Treatment.* "Med. News," March 7, 1891.

THE author remarks that "there are only a few conditions liable to be confounded with diphtheria by competent observers," and later goes on to say that an actual mistake in discriminating between "ulcerative follicular tonsillitis" and diphtheria is of rare occurrence; "but a great many practitioners, especially those of the homœopathic persuasion, prefer to call such cases diphtheria," remarks which are singularly sweeping, and distinctly untrue. A great many very "competent observers" hesitate between a diagnosis of follicular tonsillitis and diphtheria very frequently, and the author's distinguished countryman, Dr. Jacobi, has laid down

the axiom that these very cases of "follicular tonsillitis" which the "homœopathic persuasion," according to him, loves to call "diphtheria" are in reality pure and simple diphtheria. The fibrinous exudate, which the author relies on, is by no means a certain means of discriminating between tonsillitis and diphtheria, since the so-called membrane in the latter is often soft, pultaceous, and everything except fibrinous. As to treatment, the author believes in alcohol, and he has given twelve ounces of whisky daily to a child four years of age, as more potent for good than any other stimulant! Antisepsis, and chiefly corrosive sublimate (one-thirtieth of a grain every two or three hours, increased to one-fifteenth and one-tenth of a grain for a child of six), which may be continued for weeks, and calomel internally in large and continuous doses. In diphtheria it does not cause salivation or act as a cathartic. Two to five grains may be given every two hours until the bowels are moved. The author gave, in one desperate case of a boy four years old, one hundred and sixty grains in three days, with the production of only one natural stool a day, cleansing of the tongue, and return of appetite and liquefaction of the membrane.

As a blood restorative the tincture of chloride of iron \mathfrak{zj} . v.—xx. every two or three hours is indicated. This is usually given by the author along with the corrosive sublimate in glycerine or syrup of orange, and followed by a full dose of whisky. The calomel is best given in tablet triturates dissolved in milk. Local treatment is not of much service, but aims at destroying the disease germ and rendering the ptomaines inert, and softening and removing the membrane. Spraying or syringing the throat with a 1—1000 or 1—2000 solution of corrosive sublimate, or 1—30 solution of carbolic acid, is most serviceable. Lime-water as a gargle, or inhalation of the vapour of slaking lime every half-hour, is useful. The spray may be used afterwards. Shreds of membrane are then expectorated. The digestive ferments are useful as solvents to the membrane. Local treatment should be employed every half-hour, or oftener, and the patient not be allowed to sleep past the time.

In the discussion on this paper (Denver Med. Assoc., Dec. 18, 1890),

Dr. CASE remarked that he had never seen a better solvent of membrane than peroxide of hydrogen, and that, though tracheotomy had been disastrous in his practice, he had had five recoveries out of fifteen cases of intubation.

Dr. WEIST confirmed the good effects of hydrogen peroxide, claiming that with its use sprays of corrosive sublimate were unnecessary.

Dr. BRYANT believed in chloride of iron as a local application, and

Dr. ELANER in ferric alum applied on a pledget of wool to the membrane every three hours. It shrivels the membrane.

Dr. PFEIFFER believed that longer tracheotomy tubes than those in general use would save many lives, by being able to reach below the membrane in the trachea.

R. Norris Wolfenden.

Neisser (Königsberg).—*Case of Diphtheria of the Skin.* "Deutsche Med. Woch.," 1891, No. 21.

A BOY, five years old, with diphtheria of the pharynx and larynx, had the

skin round the anus covered with white pseudo-membranes. The whole part was infiltrated. Death occurred. The bacteriological examination of the diseased parts showed that they were filled with diphtheritic bacilli, and the case is of special interest as being the first in which Loeffler's bacillus has been found in cutaneous diphtheria. *Michael.*

Schwalbe (Berlin).—*Rare Complications of Diphtheria.* "Deutsche Med. Woch.," 1891, No. 21.

(1) A BOY, two years old, had diphtheria of the tonsils and the larynx. Two days later inferior tracheotomy was performed. The tracheotomy wound became inflamed and infiltrated, and death occurred from hæmorrhage of the wound. No decubital ulcer was found. (2) A boy, four years old, with diphtheria of the fauces and larynx, had tracheotomy performed with momentary good results. Two days later severe bleeding occurred from the tracheal wound. No cause for it could be found in spite of enlargement of the wound to the sternum. A ramified bronchial membrane was removed. The bleeding ceased and did not return. Cure followed. The author believes that there was pneumorrhagia caused by the discharge of the membrane. (3) A boy, seven years old, with diphtheria of the fauces and larynx, had tracheotomy performed. Five days later the canula was removed, but had to be re-introduced on account of attacks of suffocation. But in spite of the canula, the dyspnoea did not cease, and there arose an emphysema, covering the neck and the face. There was also pneumo-thorax. By puncture the air was removed from the chest, and the condition subsequently improved, ending in cure.

Michael.

Van Wyck, R. C. (New York).—*Practical Notes on the Prophylaxis and Treatment of Diphtheria.* "Med. Rec.," Feb. 28, 1891.

ALL persons exposed use by spray, brush, or gargle a 25 per cent. solution of peroxide of hydrogen four times daily. The bedroom is fumigated with the vapour of cresoline once in twenty-four hours. In the stage of invasion Van Wyck gives from 3 to 5 or even 10 grains of calomel, rubbed up with about 2 grains of soda, dry on the tongue every four hours till green spinach stools are produced. He believes that this treatment leads to a limitation of the membrane. He sprays the false membrane with peroxide of hydrogen, 1 to 3 of water, but paints any circular patch with the full strength of the peroxide. After all the membrane is removed he paints the diseased surface with bichloride solution, 1 to 2000. "Milk punch is given every hour, and as strong as the patient can bear." [The details of the methods successfully adopted by any individual practitioner for carrying out the principles which most of our *confrères* accept are not without interest, even if they are hardly "epoch making."]

Dundas Grant.

Frere, A. H. (Bradford).—*Treatment of Diphtheria.* "Brit. Med. Journ.," March 28, 1891.

THE author confirms the statements of Dr. Illingworth as to the efficacy of the biniodide of mercury, and its non-induction of mercurialism.

Hunter Mackenzie.

Pearson, C. Y. (Cork).—*Tracheotomy in Diphtheria.* "Brit. Med. Journ.," April 18, 1891. Cork Med. and Surg. Assoc., March 11, 1891.

THE author made reference to the relative methods of tracheotomy and intubation, and considered the latter should have a trial—first, in children under three years; secondly, where the hygienic surroundings were unfavourable for tracheotomy, or where skilled attendance could not be obtained; thirdly, where the patients were unwilling to permit the cutting operation. A discussion followed, which was not reported.

Hunter Mackenzie.

Lyonnet.—*Articular and Peri-Articular Complications in Diphtheria.*

A PATIENT, thirty-one years of age, had a sharp attack of diphtheria in the pharynx, followed by paralysis of the veil of the palate two months afterwards. Both knees became swollen. The arthritis is thought by the author to be due to atrophic mischief of venous origin.

Joal.

Holroyde, J. (Chatham).—*Alternation of Scarlet Fever and Diphtheria.* "Brit. Med. Journ.," April 18, 1891.

THE author records three cases which appear to show the co-existence of the two poisons under one roof.

Hunter Mackenzie.

Bates (Leeds).—*Croup treated by Nitrate of Silver.* "Brit. Med. Journ.," April 18, 1891. Leeds Med. Chir. Soc., April 3, 1891.

THE author relates the case of a child who recovered from "croup" after the local use of a solution of nitrate of silver, eighteen grains to the ounce. In the discussion which followed, speakers for and against this remedy took part.

Hunter Mackenzie.

Ungar (Bonn).—*Treatment of Whooping Cough with Quinine.* "Deutsche Med. Woch.," 1891, No. 18.

RECOMMENDATION of the internal use of this drug.

Michael.

KOCH'S TREATMENT OF LARYNGEAL TUBERCULOSIS.

KOCHS (Strasburg)—"Therap. Monats.," 1891, No. 4—reports: (1) A patient, thirty-four years old, with tuberculosis of the lungs, and swelling of the laryngeal mucous membrane; aphonia. After some injections of 0·0015—0·02 the swelling of the mucous membrane diminished, so that the local bands could be seen. But as there was no further improvement the treatment was discontinued. (2) A patient, thirty-two years old, with commencing infiltration of both apices, and chronic laryngitis, without ulcerations. After eleven injections of 0·0015—0·015 the laryngoscope showed swelling of the epiglottis, large ulcerations on the inter-arytenoid space and the ventricular bands. Difficulty in swallowing. A short time later, death.

TANGL (Tübingen)—"Deutsche Med. Woch.," 1891, No. 19—describes

a case of tuberculosis of the tongue. A patient, twenty-five years old, with tuberculosis of the lungs and slight affection of the larynx, was treated with fourteen injections of 0·001—0·01. After the last injections, little vesicles on the tongue arose, which changed during the next day into ulcers, in the circumference of which arose new ulcers. In extirpated pieces bacilli were found. Two months later, death occurred. The *post-mortem* examination showed tuberculosis of the lungs, the larynx, and the intestine, and a great tuberculous destruction of the tongue. An exact examination showed that there were true miliary tubercles present.

KLEINWACHTER (Breslau)—“*Deutsche Med. Woch.*,” 1891, Nos. 20 and 21—reports : (1) A patient, twenty years old, with tuberculosis of the lungs, hoarseness, redness and swelling of the vocal bands and arytenoid cartilages. After five injections no local change was remarked. (2) A patient, forty years old, with tuberculosis of the lungs, redness and swelling of the vocal bands and arytenoid cartilages. After some injections new ulcers appeared on the vocal bands, disappearing during the continuation of the treatment. (3) A patient, twenty-six years old, with tuberculosis of the lungs and larynx. Improvement after some injections. (4) A patient, twenty-four years old, with tuberculosis of the lungs and larynx. No improvement.

MICHELSON (Königsberg)—Verein für Wissenschaftliche Heilkunde in Königsberg. Meeting, April 20, 1891—reports three cases. He showed (1) a boy suffering from lupus of the larynx and pharynx, and cured by Koch’s method. (2) A girl, nineteen years old, had on the right side of the septum an ulceration filled with granulations. In the mouth were present also follicular infiltrations over the right tonsil. During the next year the other side of the septum became also diseased, and also the skin of the nose up to the upper lip was infiltrated, and flat ulcers existed on the posterior pharyngeal wall. After sixty-six injections of, *in toto*, 0·14 the ulcers were cured. (3) A patient, thirty-nine years old, with lupus of the mouth and pharynx, the tongue, and larynx. The larynx was stenosed, and could not be seen because of the deformed and infiltrated epiglottis which covered it. After seven injections improvement occurred. The weight of the patient increased nineteen pounds. *Michael.*

Editor of the “*British Medical Journal*” (London).—*What is the Value of Tuberculin?* “*Brit. Med. Journ.*,” April 25, 1891.

A LEADING article dealing with the papers of Drs. Bristowe, Heron (*vide infra*), and others. The article is of a judicial and impartial nature, and merits the attention of our readers. *Hunter Mackenzie.*

Bristowe, J. S. (London).—*An Address on the Koch Method of Treatment for Tuberculosis.* “*Brit. Med. Journ.*,” April 25, 1891. South London District (Metropolitan Branch) Brit. Med. Assoc.

Heron, G. A. (London).—*Koch’s Remedy in Lupus, and in Pulmonary Tuberculosis.* “*Brit. Med. Journ.*,” April 25, 1891. Med. Soc. of London, April 20, 1891.

THESE two communications may be taken as representing the views of those who do not believe, and of those who believe to a certain extent

in Koch's treatment. Dr. Bristowe quotes with approval the opinion of Virchow :—"That Virchow's calm, philosophical, and businesslike account not only gives no support to Koch's theories, and holds out no hope of the successful treatment of tuberculosis by Koch's method, but proves beyond question that all the fears of its most sceptical opponents are more than justified."

Dr. Heron considers "that the striking effects of tuberculin upon tuberculous processes which could be seen and handled justified its use in early cases of pulmonary tuberculosis." He gives a tabular statement of all the cases treated by him, which should be carefully studied by all interested in the subject. His cases of laryngeal tuberculosis treated by this method were too few to justify a decided opinion, but, so far as they went, *not one of them did well.*

The discussion which followed the reading of these two papers elicited, on the whole, opinions unfavourable to Koch's method.

Hunter Mackenzie.

Charasac.—*Koch's Lymph in the Treatment of Laryngeal Tuberculosis.* "Revue Laryngologie," March, 1891.

AFTER treating the historical portion of the subject, the author relates a case in which the symptoms were aggravated by the treatment. He concludes : "Tuberculin, by the congestion and inflammation which it produces in the larynx, might even in slightly advanced cases lead to new infiltrations, and turn a localized into a generalized tuberculosis. Under its influence tuberculin may cause slightly progressing cases to become acute."
Joal.

NOSE AND NASO-PHARYNX, &c.

Robertson, W. (Newcastle-on-Tyne).—*Empyema of the Antrum.* "Brit. Med. Journ.," March 28, 1891.

THE author makes a few observations on the etiology, symptoms, and treatment of this disease. He prefers to perforate through the canine fossa, as thereby the lowest level of the antral cavity is reached.

Hunter Mackenzie.

Moure.—*False Empyema of the Antrum of Highmore.* Société Française d'Otologie et Laryngologie, May, 1891.

IN connection with chronic abscess of the maxillary sinus, it is well to note that some affections of the nasal fossæ may resemble the former. The author has observed two cases in which there was a fetid suppuration, abundant and unilateral. By rhinoscopic examination anteriorly one could see, at the extremity of the middle turbinated bone, an inflammation of the membrane near the opening of the antrum. Destruction of the hypertrophied tissue with the cautery cured the patient. It was in reality a suppurating pouch, and the sinus itself was healthy.
Joal.

Luc.—*Empyema of the Antrum of Highmore, following Erysipelas of the Face.*
“Archives Laryngologie,” March, 1891.

LUC was for long a believer in the dental origin of abscess of the antrum, but his opinion is modified by the observation of a case where erysipelas of the face nine months previously had existed. After opening into the nasal fossa, the pus was shown to have streptococci in chains. *Joal.*

Ziem (Danzig).—*Extraction of a broken Irrigation Canula from the Antrum of Highmore.* “Berliner Klin. Woch.,” 1891, No. 17.

THE extraction of a thick piece (10 mm. long and 1 mm. thick) was executed by a steel wire. *Michael.*

Hall, F. de Haviland (London).—*Chronic Atrophic Rhinitis.* “Brit. Med. Journ.,” April 11, 1891. Med. Soc. of London, April 6, 1891.

IN his paper, the author remarked that age and sex were important etiological factors, the majority of cases usually commencing before the sixteenth year, and the proportion of females to males being as seven to two. Phthisical and anæmic persons were more subject to it (*ozæna*). In regard to treatment, he recommended removal of the crusts, and the subsequent anointing of the interior of the nose with vaseline containing oil of eucalyptus, in the proportion of one drachm to the ounce. “Listerine,” mixed with water in the proportion of one to ten, was very useful as a deodorizer and disinfectant. Mr. Spencer Watson agreed as to the presence of a family taint. He suggested that there was a close analogy between this disease and lupus of the nose, and that both might be due to the same bacillus. He mentioned a case which had got well after accidental infection by gonorrhœal infection. *Hunter Mackenzie.*

Bronner, Adolph (Bradford).—*Case of Chronic Hypertrophic Rhinitis, with Polypi, treated with Trichloroacetic Acid.* “Brit. Med. Journ.,” April 4, 1891. Bradford Med. Chir. Soc., March 17, 1891.

THE author reports this acid, during application and subsequently, as not so painful as chromic acid. *Hunter Mackenzie.*

Roulin.—*Hypertrophy of the Nasal Mucous Membrane, with Hoarseness.*
Société Française d’Otologie et Laryngologie, May, 1891.

THE patient had a distinct hypertrophy of the posterior portion of the middle turbinated bone, with hoarseness. This growth was removed, and the voice was at once re-established. *Joal.*

Zurllinger (Budapesth).—*Cysto-pneumatic Degeneration of the Nasal Middle Turbinated Bodies.* “Wiener Klin. Woch.,” 1891, No. 19.

THE middle turbinated sometimes is converted into an air-containing osseous bulla. Anterior rhinoscopy shows it in such cases to be a round tumour, covered with normal mucous membrane. This malformation causes the symptoms of nasal obstruction, such as nasal *timbre* of the voice and reflex neurosis. Sometimes also the cribriform bone is degenerated, and, as well as the turbinated, is filled with viscid fluid. The diagnosis may be made by transillumination or by puncture. The operation must be performed by galvano-cautery. *Michael.*

Lewy.—*Nasal Polypi.* Verein für Innere Medizin in Berlin, Meeting, April 20, 1891.

THE author exhibited nasal polypi in which he had found asthma crystals. He pressed the polypi, and in the expressed fluid the characteristic crystals were found a few days after. He believes that they are products of dissolution. *Michael.*

Quinlan, F. J. (New York).—*A Case of Convergent Squint corrected by Adams' Modified Operation for Deflected Septum.* "New York Med. Rec.," May 30, 1891.

A BOY fell from a height and struck on the bridge of his nose. The nose was deflected to one side, and the obstruction caused an alteration of the voice. At the same time the eye on the convex side of the nose turned inwards and diplopia was complained of ten years later. Adams' operation was performed, the fractured septum being kept in position by means of cotton wool plugs for forty-eight hours, and afterwards by Goodwillie's nasal tube (of soft india-rubber). The operation was successful, the nose maintained a symmetrical position and the strabismus disappeared. The author suggests that there may have been some spasmodic condition of the ocular muscles analogous to that spasm of the bronchial muscles which has been so often observed to be excited by nasal obstruction and to be cured by its removal. *Dundas Grant.*

Mondroux.—*Contribution to the Study of Coryza.* Thesis, Paris, 1891.

THESIS after observations made in the clinic of Dr. Natier. The author, after dealing with the history of the question, concludes by saying coryza ought to be considered a symptom often found in the course of severe nasal affections. *Joal.*

Gluck, Isidor (Omaha).—*The Treatment of an acute attack of Hay-Fever.* "Med. Rec.," May 16, 1891.

THE author applies, by means of absorbent cotton on a holder, a solution of cocaine-phenol, and after some contraction and a moderate amount of anæsthesia has been produced, a one per cent. solution of sulphate of atropia. Internally, small doses of aconitine every hour or two. *Dundas Grant.*

Saverny.—*Epistaxis in Bright's Disease.* Thesis, Paris, 1891.

SHOWING that epistaxis is common in interstitial nephritis, and rare in the other forms of Bright's disease. *Joal.*

Lavrand.—*Recurrent Erysipelas of the Face, of Nasal Origin.* Société Française d'Otologie et Laryngologie, May, 1891.

OBSERVATION on a patient who suffered from erysipelas of the face after each menstrual period. The attacks ceased after removal of the adenoid vegetations with aseptic precautions. *Joal.*

Peyrissac.—*Electrolysis of the Nasal Fossa.* "Rev. de Laryngol.," May 1, 1891.

DESCRIPTION of a *séance* of twenty-nine minutes in a case of thickening of the membrane of the nose. The monopolar method, most disagreeable

and painful, was employed. The phenomena are recorded minute by minute. *Joal.*

Ziem (Danzig).—*Historical Remarks upon Diminution of the Visual Area in Nasal Diseases.* "Centralblatt für Augenheilkunde," May, 1890.

POLEMICAL remarks.

Michael.

Loewenberg (Paris).—*Otitis Media and the Nasal Douche.* "Berliner Klin. Woch.," 1891, No. 18.

HAVING taken a nasal douche, the patient always has water in his nose, and likes to blow the nose. By this blowing, masses of fluids are often driven into the middle ear and cause inflammation there. Therefore, blowing must be prevented by the physician, and otitis media will not then occur. If he has blown the nose, he must perform Toynbee's method, which consists in swallowing water whilst the nose is closed.

Michael.

Wagnier.—*Contribution to the Study of Adenoid Vegetations, with Chronic Purulent Otitis Media.* Société Française d'Otologie et Laryngologie, May, 1891.

THE author describes six cases, showing the decisive action which removal of these tumours has in restoring hearing. The cases yielded when all other methods had failed. *Joal.*

Madeuf.—*After-Treatment in the Removal of Post-nasal Adenoid Vegetations.* Société Française d'Otologie et Laryngologie, March, 1891.

THE author, in order to prevent the persistence of chronic rhinitis, advised the introduction of a layer of muslin on the nasal fossæ. *Joal.*

Hirschberg (Zurich).—*Contribution to the Knowledge of Retro-Pharyngeal Tumours.* "Langenbeck's Archiv.," Band 41, Heft 4.

(1) A PATIENT, thirty-one years old, had headache for half a year. The left eye was now protruded and chemotic. The retro-pharynx was filled out by a large tumour. Extirpation was performed, but the tumour recurred. Enucleation of the bulbus followed, and there was a second recurrence. Death ensued, and the *post-mortem* examination showed that nearly the whole left side of the head was occupied by a tumour, which also entered the cranial cavity, and dislocated the bones of the face of this side. The weight of the tumour was 3500 grammes. The microscopical examination showed that it was a perivascular sarcoma. (2) A patient, twenty-six years old, had a large tumour filling out the whole naso-pharynx and the choanæ. Galvano-caustic operation was followed by cure without recurrence. The tumour was a fibro-sarcoma. The author concludes that the nature of the tumour must be made out by microscopical examination, in order to decide if it shall be operated upon by simple rhinological treatment or by severer surgical measures. *Michael.*

Migge.—*Aus dem Ambulatorium des privatdocenten Dr. Michelson in Königsberg. Ueber Nasenrachenpolypen und ihre Behandlung ohne Praliminar Operation.* (From the Ambulatorium of Docent Dr. Michelson in Königsberg. "On

Naso-pharyngeal Polypi and their Treatment without Preliminary Operation."")
Inaugural Dissertation, Königsberg, 1891.

THE general opinion of surgeons concerning the removal of naso-pharyngeal polypi is, that as a preliminary operation, resection of the upper jaw, either temporary or permanent, is absolutely necessary. Dr. Michelson has removed such tumours in seven cases, *per vias naturales*, without any preparatory operation.

(1) A patient, seventeen years old, with typical naso-pharyngeal polypus of the base of the cranium. Removal of the greater portion of the tumour by the galvano-caustic cutting wire; successful treatment of the stump by electrolysis (fibro-sarcoma).

(2) Cystoid degenerated soft fibroma in a lady twenty years old. Operation with *Stoerk's* choanal forceps, and by the cold wire.

(3) Large fibroma of the naso-pharynx in a patient twenty-two years old. Operation by avulsion with the cold wire.

(4) A girl, fourteen years old, with a cystoid degenerated fibroma. Operation by avulsion with the cold wire.

(5) Cystoid degenerated naso-pharyngeal polypus in a girl thirteen years old, arising from the posterior part of the nasal septum. Operation by avulsion with the cold wire.

(6) A fibroma of the naso-pharynx in a lady fifty-two years old. Operation with the galvano-caustic cutting wire.

(7) Ecchondroma of the naso-pharynx, combined with a small naso-pharyngeal polypus. Removal of the ecchondroma by a cutting chisel, introduced through the mouth. The polypus was removed by scissors.

Michael.

MOUTH, TONGUE, TONSILS, PHARYNX, &c.

Weir.—*A Submaxillary Composite Cartilaginous Tumour.* New York Surgical Society. "Med. Journ.," Feb. 7, 1891.

THE author showed a tumour of the size of a Tangerine orange, which he had removed from below the inferior maxilla after it existed there eleven years. Its growth had progressed slowly and without much pain. It could be felt in the mouth close to the bicuspid teeth, and through an incision there two salivary calculi as large as peas were removed. After a delay of several months without any subsidence of the growth, he operated with the idea that the tumour was the result of an obstructed salivary gland. He enucleated it. It was found attached to the edge of the submaxillary gland, and was a composite cartilaginous growth similar to those commonly met with in the parotid region.

R. Norris Wolfenden.

Laurentieff, N. K. (Tzaritzyn).—*Salivary Calculi in Wharton's Duct.* "Saratovsky Sanitarnyi Obzor," 1891, No. 8, p. 215.

A PEASANT, aged thirty-two, applied to the author with the request "to remove a stone from under his tongue." He stated that three years previously he had extracted a small concretion from the same situation, while a fortnight before his coming to the writer another calculus escaped spontaneously. For the last three years he had been suffering from incessant sublingual suppuration. On examination, a stone was found just beyond the orifice of the right Whartonian duct. It was removed (through enlarged opening) by means of Daviel's spoon, after which another ptyolith presented itself, lying two centimètres deeper, and then a third one came to sight, embedded still deeper. The extraction of the latter two concretions required some violence. The calculi were wedge-shaped, and measured $6 \times 7 \times 8$, $8 \times 10 \times 11$, and $7 \times 9 \times 9\frac{1}{2}$ millim. respectively.

Valerius Idelson.

Lempert.—*Necrosis of the Maxilla in a Child of Four Years.* "Journal Connaissances Médicales," January 29, 1891.

FOLLOWING upon measles. The affection began with catarrhal conditions in the stomach; next ulceration set in, and afterwards periostitis, which brought on maxillary necrosis.

Joal.

Samter (Königsberg).—*Lymphangiomata of the Oral Cavity.* "Langenbeck's Archiv.," Band 41, Heft 4.

(1) A GIRL, ten years old, developed a little spot on the under lip, which became much larger in two years. Excision was performed, and cure obtained. The examination of the specimen proved its nature to be lymphangiomatous. (2) A boy, eleven years old, had a tumour of the size of a cherry on the tongue. Its surface was covered with papillæ. Extirpation was performed, and cure resulted. It proved to be a lymphangioma. (3) A patient, forty years old, often had a swelling of the tongue, which subsequently became very much enlarged, especially on the left side. Ligature of the arteria lingualis was performed. Next day, œdema of the glottis occurred, necessitating tracheotomy. Pus was coughed out of the canula. After some complications, cure was obtained. Ten years later, recurrence occurred. On the right side of the tongue occurred a tumour of the size of a cherry, covered with little glassy vesicles. Extirpation was performed by thermo-cautery, and cure obtained. (4) A girl, ten years old, had a lymphangioma covering the greater portion of the right upper lip and a part of the oral cavity. Extirpation was followed by cure. (5) A girl, ten years old, had a flat tumour of the surface of the tongue, but as she had no discomfort at all, no operation was performed. If the tumour is covered with vesicles, the diagnosis is easy; if not, it is not always possible to recognise it. In all cases the connecting tissue was filled with lymphoid cells, and the lymph spaces were often changed into sinuous cavities. The tumours arise from embryonic changes. (6) A patient, six years old. The right half of the tongue had been since birth larger than the other, and this became subsequently much more marked. The surface of the tongue was glassy, and covered

with vesicles. Extirpation of cuneiform pieces, and treatment with thermo-cautery and iodoform, was followed by improvement. (7) A patient, seven years old, had a tongue so enlarged that it always hung out of the mouth seven centimètres. Its surface was dry and thickened. Cure was obtained by excision of large cuneiform pieces. The microscopic examination showed that it was cystic lymphangiectasia.

Michael.

Flatau (Berlin).—*Chronic Recurrent Herpes of the Mouth.* "Deutsche Med. Woch.," 1891, No. 22.

A PATIENT, thirty-eight years old, since seventeen years of age has had, in consequence of typhoid fever, an eruption of herpetic vesicles on the lips and the gum, recurring from time to time.

Michael.

Zelëneff, Ivan F. (Kiev).—*Syphilitic Chancre of the Lip.* "Vratch," 1891, No. 7, p. 212.

THE author related a case of a soldier in whom the right side of the lower lip was found to be occupied with an indolent, perfectly clean, oval erosion of the size of a farthing piece, its base being "almost soft." The submental and submaxillary lymphatic glands were enlarged and indurated, the right-sided ones being much larger than the left-sided, while the femoral and inguinal were normal. The genitals were sound, the body studded with roseola. It is instructive to note that the specific and contagious nature of the labial lesion had remained unrecognised for about two months, the practical result being that the man, who had happened to be simultaneously attacked with typhoid fever, had been allowed to lie in a common ward. The writer dwells on an extreme difficulty in diagnosing labial (or any extragenital) syphilitic chancres, since their outward appearance is subject to great variations. For the sake of illustration and comparison, Dr. Zelëneff adduces a case (from Prof. M. I. Stükovenkoff's clinic) in which the chancre, similarly situated on the lower lip, very closely simulated a cancrroid, the ulcer being considerably elevated, with everted edges, a cartilaginous base and a profuse discharge.

Dr. A. A. VVEDENSKY, of St. Petersburg, has recently reported ("Vratch," 1891, No. 1, p. 21) a case from Prof. V. M. Tarnovsky's private practice, where a hard chancre developed on the upper lip in an officer. The ulcer appeared shortly after the gentleman had happened to take some milk at a syphilitic peasant's hut, the man having a labial rash at the time.

Dr. M. A. TCHISTIAKOFF, of St. Petersburg (*ibid.*, No. 5, p. 160), has seen a case of primary syphilitic erosion (*erosion chancreuse*) on the lower lip in a prostitute, aged seventeen. Some time previously the author had published a case of primary syphilitic sore of the buccal mucous membrane in a young prostitute; *vide* the "Provincial Medical Journal," May, 1890 p. 306.

Dr. KREINDEL, of St. Petersburg (*ibid.*, No. 15, p. 390) has published a case of a soldier with a very characteristic Hunterian chancre on the upper lip, the infection having been contracted through smoking a cigarette thrown away by a syphilitic person.

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Dr. S. S. IAKOVLEFF, of St. Petersburg (*ibid.*, No. 18, p. 455), has lately described a case of a male peasant, aged thirty-eight, with a characteristic syphilitic chancroid erosion on the upper lip, near the left angle of the mouth. The lesion developed after smoking some cigarette stumps, collected by the foolish man on streets. [The author also observed another case, in a soldier of twenty-one, in whom a primary syphilitic sclerosis appeared about the right oral corner, the lesion being situated in such manner that it could be noticed only when the patient opened his mouth.—*Rep.*]
Valerius Idelson.

Tchistiakoff, Mikhaïl A. (St. Petersburg).—*Syphilitic Chancres of the Tongue and Hard Palate.* "Vratch," 1891, No. 18, p. 455.

THE author reports the case of a young lady, aged twenty-one, who consulted him on account of an ulcer on her tongue. The examination revealed a most typical Hunterian chancre, situated on the dorsal surface of the organ. An inquiry elicited the fact that the lady's sweetheart was a syphilitic (of which she had been aware from the beginning), and that "they had been in the habit of mutually introducing the tongue into the mouth on kissing."

Dr. Tchistiakoff also describes another case, referring to an engineer, aged thirty-six, in whom a primary syphilitic ulcer was situated on the hard palate, near its junction with the velum. The gentleman stated that, being subject to frequently recurring throat catarrhs, and ordered by his medical attendant to make some irrigations, he had been often using pulverisators, borrowed from his syphilitic friends. The chancre had developed, apparently, on the site of a puncture accidentally inflicted by an instrument of the kind.
Valerius Idelson.

Touzin.—*Herpes of the Tongue and Bucco-Pharyngeal Zona.* "Paris Medical," March 19, 1891.

THE case showed on the right side of the pharynx a group of vesicles with tumefaction, and red tonsils. There were also vesicles on the vault of the base of the tongue.
Joal.

Scatliff, J. M. Elborough (Brighton).—*The value of the Tongue as a Respirator.* "Lancet," May 23, 1891. **Smith, Fred. A. A.** (Cheltenham). "Lancet," May 30, 1891.

DR. SCATLIFF considers that oral breathing may be practised without detriment to the air-passages if the tongue be curled up so that the tip of it reaches as far back as the soft palate, the air getting warmed in its passage through the irregular channel thus formed.

In the subsequent issue of the "Lancet," Dr. Smith has a tilt at this violent schism from the almighty nasal cult. He points out the received and well-known views as to the value of nasal respiration, and quotes Aschenbrandt's, Bloch's (not Block's), and Greville Macdonald's conclusive experiments in support.

[The truth of Dr. Smith's statement, that "we should see far less "disease of nose or throat did everyone learn to breathe *solely* through the "nose," is to us, and we are sure to Dr. Scatliff, quite unquestionable.

There is, however, an aspect of the question which the rhinologist is too apt to leave out of account, namely, that the primary object of respiration is to get a sufficiency of carbonic acid out of, and a sufficiency of oxygen into the blood, and that it is inexpedient on "purely physiological grounds" to sacrifice oxygenation for the sake of a bigoted devotion to the creed of exclusive nasal breathing. In cases where the nasal passages are insufficient for purposes of oxygenation, the method recommended by Dr. Scatliff as a valuable second resource (and which we have before heard of) is not to be lightly rejected. The object of nasal breathing is not—as would appear—to satisfy the ardent nose-worshipper, but to warm and *moisten* the inspired air, and the experiments of the able observers quoted amply prove this. There seems, however, nothing in the eternal fitness of things to negative the value of what we may call "oro-lingual respiration" as a subsidiary means of oxygenating the blood, if only in exceptional cases. There can certainly be much less harm in breathing as he describes, than through a nose in which, owing to atrophic disease or the *nimis diligentia* of the surgeon, the passages have been made patent by the diminution or removal of the turbinated bodies, to whose irregularities and blood-filled tissues the nose is indebted for its respiratory value. *In medio tutissimus ibis.* Dundas Grant.

Joseph (Berlin).—*Contribution to Glossopathology.* "Deutsche Med. Woch.," 1891, No. 18.

A PATIENT, twenty-three years old, had a swollen tongue. The surface was irregular; the papillæ circumvallatæ were enlarged. Treatment remained without effect. The diagnosis was glossitis superficialis. The author speaks of the differential diagnosis between this disease and leukoplakia linguæ. The latter may be treated with good effect by lactic acid. Michael.

Le Dibirder.—*Treatise of Lingual Neurosis, with Ulceration, giving references to the difficulty in treatment.* "Gazette Hebdom.," January, 1891. Joal.

Humphreys, F. R. (London).—*Perityphlitis complicating Tonsillitis.* "Brit. Med. Journ.," March 28, 1891.

A SIMPLE record of a case where the former complaint supervened on the latter. Probably a coincidence. Hunter Mackenzie.

Iakimovitch, N. N. (St. Petersburg).—*Syphilitic Chancre of the Tonsil.* "Bolnitchnaia Gazeta Botkina," 1891, No. 6, p. 184.

THE case refers to a soldier, aged twenty-two, who contracted syphilis, probably through smoking, a hard chancre occupying the whole left tonsil. The remaining faucial region and the oral cavity were perfectly sound. The left-sided cervical lymphatic glands (especially those situated behind the sternocleido-mastoid muscle), as well as the submaxillary ones, were considerably enlarged (*cf.* Vidal's paper in the JOURNAL OF LARYNGOLOGY, April, 1890, p. 157); of the right-sided glands, only one of the submaxillary and one of the cubital were slightly swollen.

Valerius Idelson.

Onodi.—*Fibrinous Pharyngitis of two years' duration.* "Revue de Laryngologie," March 1, 1891.

CASES shown at the Berlin Congress.

Joal.

Samter (Posen).—*Infectious Phlegmon of the Pharynx.* "Berliner Klin. Woch.," 1891, No. 18.

A PATIENT, thirty-eight years old, had eaten sausages, of which he had the impression that they had not been good. Next day occurred fever, intense redness and swelling of the fauces, followed two days later by jaundice, swelling of the liver, high fever, erysipelas of the head, and phlegmon of the limb. An incision into the limb was followed by discharge of foetid pus, and death subsequently. No *post-mortem* examination was made. No other cause than the sausages could be found.

Michael.

Vaton.—*Gout in the Throat.* "Gaz. des Sciences Med. de Bordeaux," Dec. 21, 1890.

THE patient showed an inflammation of the tonsils, pillars and veil of the palate. The tumefaction rapidly disappeared as soon as the pain in the toe manifested itself.

Joal.

Couetoux.—*The Rôle of the Soft Palate in Respiration.* "Annales Maladies d'Oreilles," March, 1891.

THE author further develops the thesis maintained by Smesler in 1881. Respiration is nasal or buccal—not both at the same time.

Joal.

Burlant.—*Foreign Bodies in the Œsophagus.* "Bulletin Méd. du Nord," Dec. 26, 1890.

OBSERVATION on a patient who swallowed, during a fit of hysteria, a set of false teeth. Three days afterwards, at the *post-mortem* examination, the teeth were found eight centimètres from the heart. Behind, a large tear was formed with pus and food in the mediastinum.

Joal.

LARYNX, &c.

Michelson (Königsberg).—*On the Presence of Sensations of Taste in the Larynx.* "Archiv. für Path. Anatomie," Band 123, Heft 3.

To prove the sensibility of taste in the larynx, the author has made researches upon twenty-five persons. He introduced, without touching the mouth, a probe covered with quinine into the larynx. In all cases except one the persons said that they had a bitter taste. Saccharine gave a sweet taste. These sensations may be caused by the glosso-pharyngeal nerve, which gives branches to the epiglottis, the *rami communicantes* of the same nerve *cum nervo vago*, and the *nervus laryngeus medius*.

Michael.

A A

Zelëneff, İvan F. (Kiev).—*Syphilitic Chancre of the Tonsil.* "Vratch," 1891, No. 15, p. 386.

A YOUNG recruit, aged twenty-one, who had been in close contact with a syphilitic peasant family before his departure to the ranks, began to experience some difficulty in swallowing about three weeks after his entering the service. Shortly afterwards there supervened enlargement of lymphatic glands, and, later on, rash over the body and face. For about a month and a half he was treated by various doctors for "sore throat" and "acne." On examination by the author, about the end of the period, the "acne" proved to be typical, papular and pustular syphilides (forming on the face a characteristic corona veneris). The right tonsil was slightly congested, but markedly enlarged, and protruding into the fauces. On its inner edge there was situated a painless, whitish, cartilage-hard, elevated ovoid patch, with a shallow depression in the centre. The right-sided submaxillary lymphatic glands were greatly enlarged, markedly deforming the outlines of the side of the neck, while the left-sided ones were swollen but slightly. The cervical, axillary, cubital, and the right mamillary glands were also considerably increased in bulk. According to the author, tonsillary hard chancres occur amongst soldiers (at least, in Russia) by no means rarely, but they are frequently either overlooked altogether or mistaken for "catarrhal angina," "tonsillitis," and such like affections (*cf.* the JOURNAL OF LARYNGOLOGY, September, 1889, p. 383).
Valerius Idelson.

Körte.—*Demonstration of a Specimen of the Pharynx after Extirpation.* Freie Vereinigung der Chirurgen Berlin, Meeting, Dec. 8, 1890.

THE patient had an ulcer on the posterior wall of the pharynx. An excised piece showed the existence of cancer. Tracheotomy, tamponing of the trachea, extirpation of the pharynx by pharyngotomia subhyoidea. Some months later, death occurred from pleurisy.
Michael.

Gellé.—*Anatomy of the Pharyngeal Artery.* Société Française d'Otologie et Laryngologie, March, 1891.

THE author has observed in the posterior part of the bucco-pharyngeal cavity an artery sufficiently large to show the pulsation synchronous with the pulse, evidently due to an irregular distribution.
Joal.

Lange (New York).—*Removal of a Pharyngeal Epithelioma.* "New York Med. Journ.," March 14, 1891.

THE growth involved the left wall of the pharynx and the soft palate, and was of six months' duration. After splitting the cheek from the angle of the mouth upwards and downwards, the operator cut across the inferior maxilla in front of the angle, and made a curved incision in the submaxillary region for the removal of the glands, allowing also the escape of blood. Recovery was good; the mucous membrane from the other side of the palate and pharynx being drawn forwards in the healing so as to cover the gap. [More details would have been of interest.]

Dundas Grant.

Dejerine.—*Aphasia, Subcortical, with Unilateral Paralysis of the Larynx.* Société Biologie, February, 1891.

THE author reports two cases in which paralysis of the right vocal cord existed, caused by a lesion in the white substance underneath the cortical centre of the laryngeal nerves. *Joal.*

Wagner (Halle).—*Median Position of the Vocal Band in Recurrent Paralysis.* "Virchow's Archiv.," Band 100, Heft 3.

SEE the report of the tenth international congress. *Michael.*

Meyer, Arnold.—*Case of Co-ordinate Hysterical Spasm of the Glottis.* Inaugural Dissertation. Wurtzburg, 1890.

A CHILD, twelve years old, suddenly got cramps and loss of consciousness. This was often repeated, and was sometimes combined with aphonia. Hypnosis and faradization were applied without success. Some time later, permanent aphonia of spastic nature occurred. Cure was obtained by systematic exercises. The author believes that the best name for this condition is "co-ordinate glottic spasm." *Michael.*

Wagner (Halle).—*Ventriloquy.* "Münchener Med. Woch.," 1891, No. 17.

PHOTOGRAPHIC reproduction of the lip and the mouth of a ventriloquist, and a description of the condition of these organs. The mouth is nearly closed; respiration so gentle that a feather placed before the mouth does not move. The soft palate is strongly retracted, the tongue is in normal position, and the larynx also is not abnormal. *Michael.*

Bleuler (Rheinau).—*Theory of Ventriloquy.* "Münchener Med. Woch.," 1891, No. 21.

THE difficulty of explanation of ventriloquy lies in the circumstance that the vocal bands gave a strong voice in spite of the weak air stream which passes them. The author, an experienced ventriloquist, was examined by Dr. Laubi in Zürich, who found that the larynx was compressed on all sides, and that the epiglottis was strongly depressed, so that the anterior part of the vocal bands could not be seen even by application of cocaine. *Michael.*

Batten (London).—*Dry Catarrh of the Larynx, with Crusts.* "Brit. Med. Journ.," April 25, 1891. Harveian Soc. of London, March 19, 1891.

EXHIBITION of a child recovering from this complaint.

Hunter Mackenzie.

Luc.—*Stenosis, Acute, of Specific Origin, Suppression of the Dyspnoea by means of the Curette without Tracheotomy.* "Archives Laryngologie," March, 1891.

THE patient, aged forty-three, was cyanosed—two swellings could be seen in the arytenoid region. The patient did not desire tracheotomy. Krause's forceps with Heryng's curette were used, and the case did well. Anti-specific treatment completed the cure. *Joal.*

Brebión.—*Pachydermatous Laryngitis.* "Revue Laryngologie," Feb. 1, 1891.

CRITICAL review and bibliography of the subject.

Joal.

Fraenkel.—*Pachydermia.* Aertzlicher Verein in Hamburg, Feb. 17, 1891.

THE author exhibited a specimen of typical laryngeal pachydermia.

Michael.

Luc.—*Hæmorrhagic Laryngitis.* "Archives de Laryngologie," March, 1891.

THE patient, aged seventy-seven years, was seized with hæmorrhage when coughing, and the writer noticed an acute catarrh of the larynx, with general congestion of the membrane. Near the cartilages of Santorini, on the left side, there was a distinct though small erosion in the centre of an ecchymosis, which appeared to be the point from which the hæmorrhage sprang.

Joal.

Heymann, P.—*Liebreich's Treatment of Laryngeal Tuberculosis.* Balneologische Gesellschaft, Meeting, 1891.

THE author has stated improvement in many cases of laryngeal phthisis, but only in one case has he obtained the complete cure of an ulcer.

Michael.

Ashby, H. (Manchester).—*Sloughing Ulceration of the Larynx in a Child affected with Tuberculosis.* "Brit. Med. Journ.," April 25, 1891. Manchester Path. Soc., April 8, 1891.

DEMONSTRATION of a specimen of ulceration of the pharynx and larynx of a child, aged twenty months, who had died from catarrhal pneumonia and miliary tuberculosis. The laryngeal dyspnœa had been relieved by intubation (tube removed on fourth day). The child died after contraction of measles and aggravation of an existent pneumonia. After death there was found extensive superficial ulceration of the pharynx on both sides, exposing the muscular layer. The vocal cords were also ulcerated, and there was a superficial ulcer in the trachea corresponding to the end of the tube. The ulceration was not tuberculous, but inflammatory, resembling cancrum oris. It appeared to have been a sequel of measles, but the excoriation of the mucous membrane by the tube may have aided in its commencement.

Hunter Mackenzie.

Bronner, Adolph (Bradford).—*Multiple Fibromata of the Vocal Cords.* "Brit. Med. Journ.," April 4, 1891. Bradford Med. Chir. Soc., March 3, 1891.

NOTES of case were read. Nine operations under cocaine had been performed.

Hunter Mackenzie.

Zuffinger.—*Laryngeal Tumour.* Gesellschaft der Aerzte in Wien, Meeting, April 27, 1891.

THE author exhibited a girl, ten years old, with a tumour of the left vocal band, producing stenosis of the larynx. The tumour was diagnosed to be scleroma, and the microscopical examination of an excised piece demonstrated the presence of scleroma bacilli.

Michael.

Garel.—*Spontaneous Disappearance of Papillomata in Children.* Société Française d'Otologie et Laryngologie, May, 1891.

THIS occurred in a young girl, four years of age, who had influenza in 1890, and afterwards contracted a laryngeal affection, characterized by pro-

gressive hoarseness resulting in aphonia. In May and June dyspnoea followed. Laryngoscopic examination showed a mass of papillomata over the left vocal cord and in the inter-arytenoid commissure. On the 11th of June tracheotomy was performed. On the 30th of July the canula was withdrawn, and the voice found to be perfect. *Joal.*

Hooper, Franklin H.—*A Case of Tumour of the Larynx, showing Amyloid Degeneration.* "New York Med. Rec.," March 7, 1891.

THE patient complained of hoarseness dating from a cold acquired four years previous, "articulation" (? phonation) being almost impossible during the last two months. A growth was seen in the larynx, with a smooth surface of mottled appearance, being of a deep red colour with spots of a paler hue dotted over its surface. It appeared to be attached to the upper surface of the left vocal cord, but on removal by means of a snare (after a few unsuccessful attempts), it was found to spring also from the ventricle. The author uses a four per cent. solution of cocaine, believing that if the drug acts at all, it will do so as well in this weak solution as in the stronger one. On microscopical section, the tumour was found to be covered with normal epithelium, but its main bulk was made up in some parts of myxomatous tissue, in others of fibrous tissue, many fibres being thickened and hyaline. Here and there were rounded masses of transparent tissue, staining a mahogany brown with iodine, as did also the coats of the large blood-vessels with which the growth abounded. The growth was a telangiectatic myxo-fibroma with hyaline and amyloid degeneration. *Dundas Grant.*

Grant, J. Dundas (London).—*A Case of Intrinsic Cancer of the Larynx treated by Thyrotomy.* "Brit. Med. Journ.," March 28, 1891.

A DETAILED and careful report, with illustrations, of a case referred to in previous numbers of this Journal. The operation was performed on 27th August, 1890, and a supplementary note, dated 9th March, 1891, states that "the patient continues well and hearty, and pursues his ordinary avocation." His further progress and history will be watched and noted with interest. (*See this Journal, p. 302.*) *Hunter Mackenzie.*

Chavasse (Birmingham).—*Unilateral Laryngectomy.* "Brit. Med. Journ.," April 18, 1891. Midland Med. Soc., March 18, 1891.

EXHIBITION of a boy, aged five, upon whom two years previously right unilateral laryngectomy had been performed for stenosis owing to inflammation and repeated intubation. The boy, who wore a modification of Gussenbauer's apparatus, could speak in a hoarse whisper, but with a phonal reed the voice was distinct and audible for some distance. *Hunter Mackenzie.*

Lane, W. Arbuthnot (London).—*Excision of the Larynx.* "Brit. Med. Journ.," April 4, 1891.

THE operation was performed for carcinoma in a man, aged fifty-one. A glandular mass under the sterno-mastoid could not be removed, and *under the circumstances it was resolved to make no attempts to restore*

the voice, but by carefully suturing the mucous membrane, which had been separated from the larynx, to the hyoid bone the pharynx was cut off from communicating with the trachea, and the comfort and ease of the patient during deglutition were greatly promoted. The author remarks that by operating in this way the risks and discomfort which usually follow on the operation are obviated. Most patients after excision of the larynx are, for a time at least, in much more pain, especially during deglutition, than before the operation. *Hunter Mackenzie.*

Meyer.—*Total Extirpation of the Larynx.* New York Surgical Society. "New York Med. Journ.," Feb. 7, 1891.

THE author presented a larynx which he had removed entire, for cancer, from a man, sixty-five years of age, at the German Hospital, on November 11th. Six weeks previously the man had entered the hospital suffering from very severe dyspnoea. Tracheotomy was performed at once without anæsthesia. The superior entrance to the trachea was plugged by an osseous mass, which appeared to be sessile on the entire anterior circumference of the cricoid cartilage. The greater portion of it was removed with the bone scissors. Inferior tracheotomy gave quick relief. The laryngoscope had revealed an uneven, irregular swelling on the right side of the larynx, which, passing the anterior commissure, had begun to invade the left portion of the organ. The epiglottis was not involved. There was no reason to suspect tuberculosis of the larynx. As anti-syphilitic treatment, carried on for a number of weeks, did not change the intra-laryngeal swelling, the diagnosis of cancer was established, and the larynx was extirpated. Trendelenburg's tampon-canula failed to act; hence an iodoformized sponge with a thread was pushed down to the tracheal tube and iodoform gauze put on the top of this. By this means, and by keeping the patient slightly in Rose's posture, not a drop of blood entered the bronchial tubes. The larynx could be shelled off the anterior wall of the œsophagus without injuring the same. The epiglottis was not removed. During the first three days the upper portion of the trachea was packed as during the operation. Subsequently only a strip of iodoformized gauze was put in. A soft-rubber catheter, introduced into the œsophagus through the wound, permitted regular feeding. The patient had made a quick recovery and was now doing well.

R. Norris Wolfenden.

Meyer.—*Partial Extirpation of the Larynx.* New York Surgical Society. "New York Med. Journ.," Feb. 7, 1891.

THE author presented a specimen consisting of the left half of a larynx which had been extirpated for traumatic stricture on the 17th November. The patient had cut through his larynx, making an oblique wound, in an attempt at suicide. The knife had also opened the left side of the pharynx without injuring any important vessels. The man had then walked to the German Hospital, where he arrived about midnight. The house surgeon at once sewed the larynx at the side and in front, and also closed the external wound with stitches. The posterior aspect of the larynx and the pharyngeal wound were left open. A soft-rubber tube was introduced

through the latter into the œsophagus for feeding purposes. The right portion of the cut healed by primary union, but on the other, where the opening of the pharynx was, suppuration set in. Ten days after the accident, a tracheal tube with a hole at its curvature was inserted. The patient was unable to draw a single breath by way of the natural air-passages. Subsequent attempts at intra-laryngeal manipulations, carried out by very able specialists, proved unavailing. Neither from the mouth nor from the wound in the ligamentum conoides could any of the instruments be pushed through the larynx. The author, therefore, resolved to perform laryngo-fissure, and then seek to remove what was in the way. The trachea was first opened farther down, and a Trendelenburg's tampon-canula inserted, and then the larynx split. It was found that a dense cicatricial mass encroached upon the posterior aspect of the larynx.

This had resulted in the entire obliteration of the lumen of the organ. In addition thereto, the upper portion of the cut left half of the thyroid cartilage had slipped downward and inward from the lower one. The left portion of the larynx, except the cricoid cartilage, was extirpated. The wound was loosely packed with iodoform gauze. The tampon-canula remained in for thirty-six hours, and was then exchanged for an ordinary one. The patient had made an uninterrupted recovery, the temperature never rising above 100 deg. F. He is still under treatment.

R. Norris Wolfenden.

Simon, Jules.—*Foreign Body in the Larynx and Trachea of an Infant.* "Revue des Maladies de l'Enfance," January, 1891.

IN a clinical lecture, the teacher says that extraction of these *per vias naturales* is not successful as a rule, and tracheotomy is usually required. A low tracheotomy is preferred, and a free incision into the trachea. The canula should not be introduced at once, as the expulsion of the foreign body may take place.

Ioal.

NECK, THYROID GLAND, &c.

Johannessen, Axel (Krishania).—*On the Etiology of the Propagation of Goitre in Norway.* "Zeitschrift für Klin. Med.," 1891, Bd. 19, Heft 1, 2.

CAREFUL researches proving the relation between endemic goitre and the silurian formation of the territories where it exists. *Michael.*

Symonds, Charters J. (London).—*Goitre.* "Brit. Med. Journ.," April 25, 1891. South-East Branch, East Surrey District, Brit. Med. Assoc., March 12, 1891.

THE author describes the nature and treatment of goitre. Unilateral goitre is usually cystic, and has a distinct capsule, which could be easily dissected out without fear of hæmorrhage. Bilateral goitre is mostly parenchymatous, and as it is unwise to attempt removal of the entire

organ, resection of the lateral lobes was advised, leaving untouched the portion over the trachea, which covered the vessels and recurrent laryngeal nerves. *Hunter Mackenzie.*

Bornis.—*Enormous Goitre.* XX. Congress für Deutsche Chirurgie, Meeting, April 1—4, 1891.

THE author exhibited a specimen of a colossal goitre extirpated by him. The tumour arose from the left portion of the thyroid gland, and nearly covered the abdomen. By the weight and extent of the tumour, the large vessels of the chest were dislocated, the vertebral column of the neck lordotic, that of the thorax kyphotic. The incision was seventy-two centimètres long. The tumour was a large cyst. *Michael.*

McBurney.—*Tumours of the Thyroid Gland.* New York Surgical Society. "New York Med. Journ.," Feb. 7, 1891.

A TUMOUR was exhibited of cystic nature, which the author had removed according to Socin's method. The operation had presented no difficulties, and a week had completed the cure. He also presented a tumour of the thyroid which had existed for three years. It was not a cyst, but a parenchymatous degeneration of the gland tissue, and was surrounded by a connective-tissue capsule. It was easily enucleated without injury to the healthy gland tissue remaining.

R. Norris Wolfenden.

Foxwell, A. (Birmingham).—*Post-manubrial Tumour.* "Brit. Med. Journ.," April 18, 1891. Birmingham Branch, Brit. Med. Assoc., March 20, 1891.

A BOY, aged sixteen, was exhibited, showing pressure symptoms, supposed to be due to goitre. It was found that the apparent goitre was owing to great hypertrophy of both sterno-mastoids, resulting from extreme difficulty of inspiration, caused by a post-manubrial tumour pressing on the bifurcation of the trachea. The boy developed a sharp attack of pleuro-pneumonia at the right base, and on recovery from this the tumour diminished by one-half, and the dyspnœa disappeared. The tumour was supposed to be a mass of enlarged glands. *Hunter Mackenzie.*

SOCIETY MEETINGS.

BERLINER LARYNGOLOGISCHE GESELLSCHAFT.

Meeting, April 6—27, 1891.

LANDGRAF showed a retention cyst of the middle turbinated body of the right nasal cavity. Its wall was covered with cylindrical epithelium, and its contents were purulent.

B. FRAENKEL showed two cystically degenerated polypi.

ROSENBERG showed a patient with a membrane between the vocal bands of traumatic origin. The membrane was not so large as to cause dyspnœa.