

in a female, aged thirty-two years. The patient gave a history of eighteen months, her chief symptoms being difficulty in swallowing, and stertor at night. The growth was removed under cocaine anæsthesia after a preliminary tracheotomy with the galvano-cautery loop. It measured four and a half inches in its larger and three and five-eighths inches in its lesser circumference. Microscopically, it proved to be an epithelioma. (3) Extensive syphiloma of the left ventricular band. (4) Epithelioma of the left ventricular band, with glandular enlargement. Palliative tracheotomy. (5) Fibroma of left cord. Removal. In conclusion, the author advocates the endo-laryngeal method for children. Belladonna is administered for a few days until dryness of the throat is obtained, and shortly before the operation opium is given, and a two per cent. solution of cocaine suffices to complete anæsthesia.

R. Lake.

Moure. — *Laryngo-Tracheal Perichondritis, with Abscess.* "Journ. de Méd. de Bordeaux," May 26, 1895.

THE author relates the case of a woman suddenly seized in the course of influenza with violent pains in the throat, tumefaction of the neck, fever, all the signs of suppuration in the larynx, without respiratory troubles, but with considerable hoarseness. The author found in the subglottic region a little tumour, similar to a furuncle, and the next day, after expectoration, with pus, the general symptoms decreased, and, a few days later, complete cure resulted.

A. Cartaz.

Berard. — *Peri-Laryngo-Œsophageal Actinomycosis.* "Lyon Méd.," April 21, 1895.

DESCRIPTION of a case of actinomycosis in a man, aged fifty-seven, treated for laryngeal inflammation. The diagnosis has been lately established by bacteriological examination of the pus. The anterior part of the neck was invaded by a large œdematous tumefaction of the tissues. The treatment by iodide of potassium (five grammes a day) was unsuccessful, and the patient died from bronchitic complications, with œdema of the inferior members. At the autopsy were found œdema of the lungs, dry pericarditis and chronic nephritis. The larynx, pharynx and superior part of the œsophagus were compressed in a mass of lardaceous and putri-sanguineous tissue, without actinomyces. It was a chronic and phlegmonous inflammation of the neck, secondary to actinomycosis, and consequently to general infection.

A. Cartaz.

Glasgow, R. — *Foreign Bodies in the Larynx and Trachea, with Report of a Case relieved by Tracheotomy.* "Virginian Med. Monthly," April, 1895.

PATIENT inhaled a pin, and tracheotomy was attempted two days after the accident, but the innominate artery was exposed where it crossed the root of the neck, and, as there was also venous hæmorrhage, the high operation was done, and the pin, two and three-quarter inches long, removed; this was situated three and a quarter inches below the cricoid. Complete recovery.

R. Lake.

Porter, W. — *Compensatory Arytenoid Movements.* "New York Med. Journ.," Aug. 17, 1895.

REPORT of two cases.

R. Lake.

PHARYNX, &C.

La Rue Vasant, E. — *Fragaria Virginiana Angina, or Strawberry Sore Throat.* "Phil. Policlin.," July 20, 1895.

THIS is said to be a tonsillitis occurring in persons of a rheumatic or gouty diathesis who over-indulge in strawberries.

R. Lake.

Baudriller.—*Granular Angina.* Thèse de Paris, 1895.

THE author gives an accurate description of this disease, to which he applies the term of follicular hypertrophic pharyngitis. A critical review of the older and recent researches upon this chronic condition, from Gueneau de Mussy to Heryng, Ruault, Moure, etc. *A. Cartaz.*

Gautier, Salvador C.—*The Anginas of the Menstrual Period.* Thèse de Paris, 1895.

THE anginas observed in the course of menstruation are all infectious manifestations of the streptococcus. In sixteen cases, including five original, the bacteriological examination has constantly revealed the streptococcus—two or three times associated with staphylococcus. The author believes that these anginas are dependent on stimulation of the vascular and nervous system at this period, and consequently increase of the virulence of the bacillus normally or accidentally localized in the mouth. *A. Cartaz.*

Wimberg, Madame S.—*Pneumococcal Angina.* Thèse de Paris, 1895.

DESCRIPTION of this form of angina, studied for the first time by Jaccoud ("Journ. de Méd. et Chir. Prat.," March, 1891). The clinical aspect is similar to that of diphtheria—fever, adenopathy, large and extensive membranes on the fauces, and upon the tonsils. The bacteriological examination indicates the presence of pneumococcus alone instead of Loeffler's bacillus. One symptom is, nevertheless, pretty characteristic—the suddenness of the diffusion of angina and violent chill, as in pneumonia. Eight observations and one original case are described. *A. Cartaz.*

Balhadère.—*Gastro-Intestinal Disorders and Chronic Tonsillitis.* Thèse de Paris, 1895.

THE author believes that there is an intimate correlation between chronic tonsillitis and the gastro-intestinal disorders observed in these patients. The troubles of digestion are the consequence of absorption by the stomach and digestive passages of infectious products from the tonsils (purulent discharge, caseous concretions, etc.). He advocates the destruction of tonsils and their crypts by *morcellement* and iodide applications. *A. Cartaz.*

Charnley, W.—*Lympho-Sarcoma of the Tonsils; Repeated Removals with very Rapid Recurrence.* "Birm. Med. Rev.," June, 1895.

THE growth, a lympho-sarcoma the size of a tangerine orange, was removed three times in as many months; the original tumour had a very narrow pedicle, and all removals were performed with ease. *R. Lake.*

Lanphear, E.—*Two Cases of Sarcoma of the Tonsil. Death from Ligation of the Carotid in one, and death in the second.* "New York Med. Journ.," Aug. 3, 1895.

THE first patient was a woman of fifty-six. The right tonsil and some of the surrounding tissues had been removed by Dr. Manson, and had rapidly recurred, nearly occluding the pharynx, and presented a mass three inches by four inches behind and below the angle of the jaw. Right facial paralysis and great pain were present. A preliminary tracheotomy was performed three days before the mass was removed through an external wound; the internal carotid was severed, but secured, and the common carotid ligatured. The patient died seventy-two hours afterwards, the collateral circulation evidently not becoming established. The growth was a round-celled sarcoma.

Case 2: A male, aged sixty-three, suffered from a spindle-celled sarcoma of the right tonsil, which was removed through the mouth. Death occurred only a few weeks later from recurrence. *R. Lake.*

Monro, T. K.—*Case of simultaneous Ulceration of the Lymphatic Tissues of the Throat and Intestines, with Suppuration of the corresponding Glands in the Neck and Mesentery.* "Glasgow Med. Journ.," May, 1895.

A SEWER labourer was admitted, under Dr. Parry, suffering with an ulcerated pharynx, and with an abscess of a cervical gland on a level with the pomum Adami, with enlarged cervical glands. He died ten days after admission, with high temperature, delirium and diarrhoea. *Post-mortem*, the ulceration extended from the right tonsil and pharynx to the interior of the larynx. There was pus in the cellular tissue of the neck. The glands were enlarged. There were general signs of peritonitis. The lymphoid follicles were inflamed and ulcerated. Peyer's patches were honeycombed with abscesses. *R. Lake.*

Seimon, F.—*Some Practical Remarks on Foreign Bodies in the Upper Air and Food Passages, and on the Principles of their Removal.* "Med. Chron.," April, 1895.

THE author lays down as the principles which should guide the practitioner in laryngeal and œsophageal cases that (1) no foreign body, the presence of which has been actually detected, ought to be allowed to remain impacted, even if at the time it does not produce any serious symptoms; (2) no attempt should be made to ram an angular or pointed body forcibly down.

The author next relates several unpublished cases illustrating the importance of the above rules, concluding his most comprehensive article with a case which illustrates the necessity of receiving a patient's own history with caution, the patient asserting to the author that her medical adviser had pushed the foreign body down her throat, and subsequently informing another surgeon that the author had done so; there being no foreign body present at all. *R. Lake.*

Allen, Harrison. — *Foreign Bodies in the Œsophagus.* "New York Med. Journ.," Aug. 17, 1895.

EIGHTY-TWO published cases are analyzed and the points considered, divided under the following headings:—

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| 1. Spasmodic stricture, regurgitation of food, and softening of the œsophageal walls. | 7. Anxiety. |
| 2. Emphysema. | 8. Abscess. |
| 3. Interference with respiration. | 9. Emission of air from œsophagus. |
| 4. Excessive mucous secretion. | 10. Pain. |
| 5. Nausea and vomiting. | 11. Convulsions. |
| 6. Hamorrhage. | 12. Syncope. |
| | 13. Miscellaneous. |

The rapid softening of the œsophageal walls has not been sufficiently dwelt on, nor has the significance and importance of empyema, the excessive mucous secretion and the possibility of emission of air, and too much stress has been laid on pain and convulsions, and not enough on anxiety (in adults). *R. Lake.*

E A R, N E C K, & C.

Freudenthal, W.—*Electro-Vibratory Massage of the Ear, Nose and Throat* "New York Med. Journ.," Sept. 28, 1895.

IMPROVEMENTS in the instrument described in the "Med. Record" of July 22nd, 1895. *R. Lake.*