broncho-pneumonia. Sixteen cases underwent tracheotomy. False membranes, laryngitis, and bronchitis yield rapidly to the treatment, only broncho-pneumonia resists; and the authors suggest, when the child has not been operated upon, and has no canula to expectorate with, whether it is wise to continue to soften the exudations which fill the chest when there is no power to expel them. The authors review their experience with considerable detail, and the new method of treatment has given the following results in Bordeaux:—1. A very sensible diminution in the number of tracheotomies (in three months from twenty-seven to thirteen). 2. A lowering of the mortality from twenty per cent. to ten per cent. Locality has something to do with virulence, and the authors state that diphtheria in Bordeaux is less virulent, and less septic, than that of other localities—as, for example, Paris.

R. Norris Wolfenden.

White, A. C.—*Antitoxin: Indications for its Use and Mode of Administration.* "Brooklyn Med. Journ.," Feb., 1896.

THE author considers that the most favourable results are obtained in the most severe cases. He has observed no marked change in the disappearance of membrane produced by antitoxin, but rather a great improvement in the general condition of the patient, often in spite of persistence of the local condition. Among practical points he draws attention to the fact that, in severe cases, Behring's No. 3 serum, or Aronson's preparation, alone should be used, the weaker serums No. 1 or No. 2 of Behring not acting efficiently although given in large quantities. No 1 is only intended for immunization. Whereas five cubic centimètres of the strong serums should be used in children under five, twenty cubic centimètres are not too much for grown children. A second dose may be given if no improvement is observed after nine or ten hours. He recommends a spot below the nipple for the seat of injection, and the use of Roux's syringe with its india-rubber tube, which saves pain caused by struggling during the injection. *Ernest Waggett.*

MOUTH, TONGUE, &c.

Anderson, William.—*Carcinoma Linguæ.* "Quarterly Med. Journ.," Jan., 1895.

THE author deals first with what he calls the precancerous stage, warning against too prolonged watching of the lesion, but still more against the use of caustics. The offending part should be cut out. Again, in doubtful cases a piece of the diseased tissue is to be cut out for microscopic examination, and if this still leaves the question unsettled, then the surgeon's duty is to give the patient and not the disease the benefit of the doubt—*i.e.*, excise the peccant tissue. Where the diagnosis is certain, "excise without a day's unnecessary delay." Excision of the growth may best be undertaken in all but exceptional cases after ligature of the lingual artery (on one or both sides) at its origin. All enlarged glands should at the same time be removed for histological examination. If these prove cancerous, or if recurrence become evident in the submaxillary triangle, the whole triangle should be cleared out, after ligature of the external carotid. Enlargement of the deep cervical glands beneath the sterno-mastoid forbids further attempts at extirpation. *A. J. Hutchison.*

Ballenger, W. L.—*Angio-Neurotic Œdema.* "Medicine," Feb., 1896.

A CASE of angio-neurotic œdema, affecting the uvula, pharynx, and nose, with threatened suffocation from involvement of the larynx. It occurred in a young

lady of rather nervous temperament. Its onset was sudden, and it was preceded a few days by an attack of hay fever. The œdema rapidly subsided, and was followed by an attack of urticaria. *Oscar Dodd.*

Browne, Lennox.—*Chronic Hypertrophy and Varix of the Lingual Tonsil.* "Liverpool Med. Chirurg. Journ.," Jan., 1896.

In 1547 patients suffering from diseases of the throat and nose, the author found 438 cases of lingual varix. In 60 per cent. it was associated with elongated uvula, in 11 per cent. with chronic pharyngitis, and in 33 per cent. with hypertrophy of the lingual tonsil. As to sex, 69 per cent. were males, 31 per cent. females, and 22·5 per cent. professional voice-users. The great predisposing cause is debility of the vaso-motor (*sic*); the exciting causes are over-use or wrong use of the voice and nasal obstruction. The symptoms are abnormal sensations in pharynx, pricking pain, cough, faucial tenesmus, and hæmorrhage from the throat, especially on waking in the morning. *Middlemass Hunt.*

Browne, Lennox.—*The Lingual Tonsil.* "The Med. Magazine," Jan., 1896.

After summarizing Wingrave's views on the anatomy of the tongue, the author briefly describes the inflammatory affections of the lingual tonsil: (1) simple catarrh, (2) lacunar inflammation, (3) parenchymatous inflammation, sometimes ending in abscess. These conditions are very rarely primary, but generally follow on similar affections of the faucial tonsils. Abscess of lingual tonsil may have serious consequences if not recognized and promptly treated. Cases of death from "quinsy" are mostly to be explained on the supposition that the lingual tonsil was also involved. *Middlemass Hunt.*

Downie, Walker.—*Aprosexia, Convulsions, and Adenitis depending on Pathological Changes in the Faucial, Lingual, and Pharyngeal Tonsils.* "Glasgow Med. Journ.," Jan., 1896.

Downie (1) describes the condition of "aprosexia," and discusses its causation. During voluntary attention, which is a momentary condition of mind, respiration is suppressed or inhibited. Where respiratory difficulties exist there is not a sufficient reserve of air in the lungs to permit of this period of inhibition or cessation of the respiratory act. It is thus easy to account for aprosexia in patients with adenoids, and for their rapid improvement after removal of these. (2) In four cases of children with adenoids, and who had recently commenced to suffer from convulsive seizures, Downie removed the adenoids. One case has had no seizure since the operation (an interval of some months); another has had only one seizure within two months, instead of several per week; the third has had less frequent fits; and the fourth has not reported himself since the operation. (3) A condition of hypertrophy of the various tonsils may exist without causing any enlargement of the neighbouring glands. When enlarged cervical glands exist in connection with such hypertrophy, the faucial tonsils, owing to their isolated position, are rarely the sources of the irritation. The lingual tonsil is the most frequent offender, while the pharyngeal occupies an intermediate position. Tubercle bacilli may be introduced into the lymphatics by the lingual or pharyngeal tonsils, but this is a rare event. *A. J. Hutchison.*

Dukes, Clement.—*A Record of the Common Sore Throats occurring amongst Four Hundred Adolescents during a Period of Twenty-five Years.* "Lancet," Feb. 15, 1896.

Classified into inflammatory, scarlet fever, and diphtheria, of which there were only three of the last and four hundred and fifty of the first; the scarlatina

sore throats numbered seventy-one. Some schoolboys have a sore throat at least once a term. All forms of tonsillitis are infectious in the young and demand isolation. *StClair Thomson.*

Fox, R.—*The Abortive Treatment of Quinsy.* "Lancet," Feb. 8, 1896.

RECOMMENDS a free application of a strong solution of hydrochlorate of cocaine in acute parenchymatous tonsillitis, the form which commences on one side of the fauces,—peritonsillar inflammation tending to suppuration. In most cases the attack is cut short and suppuration will not occur. *StClair Thomson.*

Givel.—*Congenital Tumour of the Gum.* "Rev. Méd. de la Suisse Romande," Mar., 1896.

THE tumour was a granuloma, or sarcoma, in the first stages of development, situated on and behind the lower gum, like a polypus, and of the size of the end of the little finger. Three days after removal a milk tooth (incisor) made its appearance. The infant has since grown well, without any trace of recurrence, and is now six years of age. *R. Norris Wolfenden.*

Laurens, Georges.—*Posterior Hypertrophies of the Turbinates.* "Arch. Inter. Laryng., Otol., Rhinol.," Jan., Feb., 1896.

A CRITICAL review dealing with the pathology and clinical aspects of these conditions, and describing the details of surgical treatment; more particularly of the longitudinal galvano-cautery puncture of Ruault, and of the removal by cold and hot snare. *Ernest Waggett.*

Lichtwitz (Bordeaux).—*Angioma of the Pharynx.* "Gazette Hebdom. des Sciences Méd. de Bordeaux," April 7, 1895.

DESCRIPTION of a case. The tumour, about $3\frac{1}{2}$ centimètres in height by $1\frac{1}{2}$ in breadth, was situated between the left tonsil and the posterior pillar, extending upwards beyond the tonsillar fossa. It was sessile, and its limits could not be exactly determined. The surface irregular, covered by fine, smooth, transparent epithelium. Its colour, deep brown, with blue-black spots. Apparently firm, but palpation could not be carried out. An extension ran back from its lower part towards the posterior wall of the pharynx. Another patch was found on the middle of the posterior wall. A few scattered pigmented nævi were found on the face, but nowhere else. Symptoms, absolutely none. Treatment, none.
A. J. Hutchison.

McKennan, H.—*Foreign Body in the Tongue.* "Med. Age," Jan. 25, 1896.

THE history of the case of a boy of fourteen, who received wounds in the mouth and apex of the tongue through the bursting of a gun-barrel. After a few days the tongue wound healed, and no inconvenience was experienced except a sense of weight in the oruan, speech being unaffected. On the forty-fourth day after the accident a foreign body was found protruding from the site of the wound, which on extraction proved to be a breech-pin one and a half inches long and weighing three-quarters of an ounce. *Ernest Waggett.*

Mixter.—*Tumours of the Parotid appearing in the Faucial Region.* "Boston Med. and Surg. Journ.," Feb. 6, 1896.

IN the first case mentioned the tumour projected into the left upper side of the mouth, being apparently between the layers of the soft palate; it was tense and elastic, not at all painful to touch; was shelled out with remarkable ease, proving about the size of a hen's egg. On examination it was found to be an

adeno-chondroma, probably of the parotid. In the second case the tumour nearly filled the mouth ; was hard, nodular, and covered with mucous membrane ; it was easily removed, proving to be two and a half inches in diameter, and of the same nature as the former. *StGeorge Reid.*

Spire.—*Lupus of the Tongue.* "Archiv. Clin. de Bordeaux," Dec., 1895.

A CAREFUL study of the recorded cases of lupus of the tongue with details of three new cases—fourteen in all. It is never an isolated lesion, being most generally associated with lupus of the face. The lesions generally occupy the posterior portion of the base of the tongue. The condition is always a mammillated plaque, raised and of a greyish red colour, hard and indolent. There are not three different clinical types, there being only the different stages of evolution of one type—the lupoid plaque. Lingual lupus has little tendency to ulcerate, and when this occurs it is only in cases where treatment has been long neglected. Enlarged glands are not constant and not diagnostic. The tubercular nodule is the first stage ; conglomeration of these produces the lupoid plaque ; left to itself it increases, ulcerates, and cicatrises spontaneously, only rarely invading and destroying the organ. Very simple treatment is usually sufficient to arrest the progress. Carbolized glycerine, salicylic paste, are good applications. Curettage with Volkmann's spoon may cause dangerous hæmorrhage. Galvano-cautery is good for large nodules, but seldom necessary. The author prefers ignipuncture as generally very satisfactory. Tuberculine injections have been disastrous.

R. Norris Wolfenden.

Woakes, E.—*A New Tongue Depressor.* "Brit. Med. Journ.," Feb. 29, 1896.

THE instrument, somewhat similar in form to Fraenkel's, terminates in a blade, which is provided with a central obliquely-grooved midrib, bounded by two large fenestræ. The former, when the blade is applied far back on the tongue, sinks into the central râfle, and gives a firm grip on the organ, so that forward traction is possible at the same time as depression, and the sensation of choking is avoided.

Ernest Waggett.

Woodbury.—*A Case of Urticaria Œdematosa, with involvement of the Air Passages.* "The Philadelphia Polyclinic," Feb. 15, 1896.

THE case of a boy who, after being stung by a hornet, had a sharp attack of urticaria, accompanied by great swelling of the face and lips, with œdema of the turbinate bone, laryngeal cough, with difficulty of articulation and swelling of the velum and fauces. The breathing was a little distressed for a short time, but the boy made a rapid recovery, convalescence being accompanied by copious nasal discharge. *StGeorge Reid.*

NOSE AND NASO-PHARYNX, &c.

Bark, J.—*Rhinoliths.* "Liverpool Med. Chirurg. Journ.," Jan., 1896.

SOME general remarks on rhinoliths, with notes of a case in which nucleus consisted of a small piece of slate-pencil. *Middlemass Hunt.*

Boulay.—*Causes of Nasal Obstruction in Children.* "Revue Mens. des Mal. de l'Enfance," Mar., 1896.

ADENOID vegetations are the principal factors of nasal obstruction in children, but they are not the only cause. One finds in early life other causes of blocking, especially