patient had apparently recovered from the nephritis; but there was a recurrence of the latter four days after the antitoxin rash had appeared and while it was still present. It is possible that in this case the serum caused a fresh lesion in organs just recovering from an acute inflammation. This is the only case in which the author has seen nephritis follow an injection of serum (though in one case of hæmorrhagic diphtheria he has observed hæmaturia), and the symptoms lasted only for five days. But diphtheria occurring during the third or fourth week after an attack of scarlet fever is occasionally coincident with the onset of nephritis; and it is to be noted in Case 1 that a relapse of nephritis accompanied the secondary diphtheria, the symptoms being observed before the administration of antitoxin. Indeed, now and then a case of scarlatinal nephritis relapses from no apparent cause. *StClair Thomson.*

Thomas, A. M.—*Orotherapy at Nursery and Child's Hospital*, 1895-96. "Med. Record," Dec. 5th, 1896.

THIS is a concise report on the value of antitoxin as a prophylactic in diphtheria. An epidemic of diphtheria in the hospital was controlled by immunizing "the whole hospital" in April, 1896. From April no case occurred till October 26th. This was a case of true diphtheria with Klebs-Loeffler bacillus. The child was promptly isolated, and all the rest in the ward (23) were injected with from 50 to 200 units of serum. No one developed diphtheria. Some, however, had nasal discharge (independent of the case of diphtheria), in which Loeffler's bacillus was found. This had been observed not infrequently, and in certain instances these cases seemed to be the cause of outbreaks of definite diphtheria in the same ward. In all, there were 80 cases with nasal discharge, in which the bacillus was repeatedly to be found, but presenting no symptoms of diphtheria.

Dr. Park investigated four of these cases, in which the bacilli were present two months after immunizing and local treatment. He found the bacilli not virulent when injected into guinea-pigs.

Three hundred and twenty-six children have received immunizing doses of antitoxin, and no serious accident has to be recorded. Urticaria, œdema (in one case extending from hip to toes), elevation of temperature, and slight diarrhœa, are the most serious complications. That it is an effective prophylactic is shown by the facts: (1) that last year the epidemic ceased when the whole hospital was immunized; and (2) that it has not recurred, whereas an epidemic outbreak of diphtheria has been for many years an annual occurrence. Only four, out of 326 children immunized, subsequently developed diphtheria, and in two of these the condition previous to the immunizing was not known. *A. J. Hutchison.*

MOUTH, &c.

Burton-Fanning, F. W.—*Sewer-Air Poisoning.* "The Lancet," Oct. 24, 1896.

A RECORD of eleven cases in which the symptoms were attributed to the effects of sewer air. This opinion is based on the following facts: They did not conform to any described disease; they presented many features in common amongst themselves; in the surroundings of all the cases some grave sanitary defect existed, and the removal of this was followed, in most of the cases, by recovery. Amongst the chief symptoms were: fever; rigors; headache; pains in the limbs and elsewhere; petechiæ on the lower extremities, or erythema annulare; lymphangitis on the

legs or arms; suspicion of peri- or endo-carditis; and albuminuria. This latter was, in fact, the most constant symptom, for out of ten cases only one presented no evidence of renal affection. Amongst other symptoms were severe epigastric pain, phlebitis, cardiac asthenia, pleurisy, bronchitis, vomiting, diarrhœa. To laryngologists these cases are interesting, from the fact that several of them presented evidence of tonsillitis. *StClair Thomson.*

Dubois, A.—*Scarlatinous Angina and Treatment by Marmorek's Serum.* "Thèse de Lille," 1896.

THE scarlatinous anginas are of different varieties: in the beginning, erythematous angina, sometimes pseudo-membranous; on the contrary, in the stage of convalescence, the angina is frequently true diphtheria. The bacteriological examinations show that these non-diphtheritic anginas are of streptococcic origin. For preventing complications, Dubois recommends the employment of Marmorek's serum, with careful aseptic precautions, for sepsis is caused by want of them, and wrongfully attributed to the serum. As auxiliary treatment, Dubois advises the carbolic lavage, painting with steresol, and gargling with Labarraque's liquor, 50 per cent. *A. Cartaz.*

Gould, Pearce.—*A Case of Tumour of the Pharynx; Removal after Laryngotomy; Recovery.* "The Lancet," Oct. 24, 1896.

LARGE tumours of a simple nature do not often require removal from the base of the skull at the age of this patient (twenty-nine), naso-pharyngeal fibromata, which are the most common form requiring extensive operation, being met with from ten to twenty years of age. The method employed in this case—removal after splitting the soft palate—was apparently first employed by Manne, of Avignon, in 1711, the preliminary laryngotomy, with plugging of the pharynx by a sponge, being an important addition of more modern character. The tumour was the size of a large Tangerine orange, growing from the base of the skull into the naso-pharynx. It was smooth and globular; there was no bony deformity. Chloroform having been given, laryngotomy was first performed, and a sponge placed in the pharynx. The soft palate was then divided in the middle line. The tumour was removed with the knife and raspatory, the hæmorrhage being slight. The soft palate was at once united by silkworm gut sutures. The patient made a good recovery, and when he left the hospital at the end of seventeen days the soft palate had united, and nothing was to be felt in the naso-pharynx.

StClair Thomson.

Hamilton, H. D.—*Non-Malignant Tumours of the Tonsil, with Report of a Case.* "Montreal Med. Journ.," Sept., 1896.

A DESCRIPTION and a good photographic representation of a large semi-pedunculated lymphangioma, springing from the upper part of the right tonsil. The patient was a man of twenty-two, recently married; and it appears that rapid increase in size occurred, causing dyspnœa, possibly connected with sexual activity. The growth was pear-shaped, measuring three inches by three-quarters of an inch by half an inch. The surface was pink in colour and perfectly smooth. It was soft and doughy in consistence; and microscopic examination revealed a large quantity of fat, together with lymphangiomatous tissue. No general glandular or tonsillar disease was present in the patient. *Ernest Waggett.*

Jackson, Henry.—*The Treatment of the Throat, Nose, and Ear in Scarlet Fever.* "Arch. Ped.," XIII., 821.

THE initial sore throat—characterized by bright scarlet macular eruption—though sometimes leading to troublesome swelling, is, as a rule, relieved by sucking of

ice or a warm saline solution. Chlorate of potash should be avoided as possibly irritating to the kidneys. The pseudo-membranous lesions which develop about the fourth day require careful attention as the possible source of septicæmia, otitis media, and suppuration of cervical glands. Though extension to the larynx is not to be apprehended, extension upwards to the nose is to be feared as a serious complication, and the routine use of antiseptic sprays is, therefore, indicated. Experience shows that ear disease is more frequent where the douche is used instead of the spray. A 25-volume solution of peroxide of hydrogen, used in a glass spray-producer, will be found advantageous. Bacteriological examination of the false membrane reveals streptococci in abundance, and Marmorek speaks with enthusiasm of the results obtained in serious scarlatinal throats and cervical abscess when the antistreptococcus serum treatment is adopted. *Ernest Waggett.*

Koplik.—*Diagnosis of Measles from Study of the Exanthema as it appears on the Buccal Mucous Membrane.* "Arch. Ped.," XIII., 918.

On careful examination of the inside of the cheeks at the onset of an attack of measles, and before the appearance of skin eruption, a peculiar and pathognomonic condition is detected. This consists of a distinct eruption, composed of small irregular spots of a bright red colour. In the centre of each spot is a minute bluish-white speck. It is to be seen on the inside of the lips and cheeks, but not on the hard or soft palate. There may be half a dozen spots, or they may cover the mucous membrane. The bluish-white spots never become opaque white, nor do they coalesce to form plaques. As the skin eruption comes out the discrete character of the buccal eruption is lost, and appears as a diffuse red background, with innumerable bluish-white specks scattered over it. The eruption has faded by the time the skin exanthem is at its height. This condition is invariably present in measles, and therefore serves as a sure aid in diagnosis. In Rötheln the mucous membrane of the cheeks is normal in colour. Simple apthæ are less intensely red than the spots of measles; nor is the bluish-white speck present. The central yellowish area of fully developed apthæ is well known. The invasion of influenza resembles that of measles at times; but this characteristic buccal exanthem is absent, the mucous membrane being normal in colour. The author claims the subject of this paper to be absolutely pathognomonic. *Ernest Waggett.*

McBride, P.—*Pulsating Vessels in the Pharynx. Notes of Three Cases.* "Edinburgh Med. Journ.," Dec., 1896.

The first, a lady aged sixty-seven, consulted the author on account of nasal polypi. The right, and, to a less extent, the left, posterior pillar of the fauces pulsated visibly. On palpation an arterial trunk could be traced across the back of the pharynx. The author is not certain whether this trunk could be seen or not. There was a systolic but no diastolic aortic bruit.

The second case was that of a man with a fluctuating pulsating tumour in the region of one tonsil, which, at first suspected to be an aneurism, proved to be a cyst.

In the third case there was tinnitus like the hissing of steam, many of the arteries in the body pulsated visibly, and the right radial ran an abnormal course. In the pharynx pulsation was visible at the junction of the posterior and lateral walls on both sides. The vessel on the left side came more towards the middle line than did that on the right. On the right side the pulsation was communicated to the tonsil.

The paper concludes with a brief reference to some similar cases published by other writers. *A. J. Hutchison.*

Monnier, U.—*Aphthous Angina.* "Gaz. Méd. de Nantes," Oct. 12, 1896.

MONNIER relates a case of pseudo-membranous angina appearing on twentieth day in a patient admitted into the hospital for severe burns of body and limbs. The angina was very marked, with fever, cervical glandular hypertrophy. Examination of membrane was negative for Loeffler's bacillus. There were some rare cocci, and a mycelium (*champignon*), which, by culture, demonstrated oidium albicans. Rapid cure. *A. Cartaz.*

Morton.—*Epithelioma of Tonsil and Tongue.* Bristol Med. Clin. Soc., "Brit. Med. Journ.," Nov. 21, 1896.

A MAN was shown from whom the right tonsil, together with the floor of the mouth and the right half of the tongue as far down as the hyoid bone, was removed for epithelioma. After five months there was still no sign of recurrence, and the patient went about his work and could swallow mince-meat.

Ernest Waggett.

Schamberg, Jay F. (Philadelphia).—*Severe Stomatitis following the Administration of Potassium Iodide.* "The Medical and Surgical Reporter," July 11, 1896.

A WOMAN, aged fifty-four, consulted the author on account of multiple gummata of the tongue and a tubercular syphiloderm of the face. Potassium iodide in five grain doses thrice daily was prescribed. After the first dose she experienced symptoms of conjunctival irritation, and some tenderness of the gums. Six days later the conjunctivæ were injected up to the corneal margin; there was a serous nasal discharge; the patient complained of frontal and malar pain; the saliva dribbled from the mouth; the breath was offensive; the gums were eroded, spongy, and bleeding; there was distinct ulceration along the dento-gingival border, especially of the canine teeth. The iodide was continued in the same dose, and three days later the conjunctivitis was unchanged, while the lesions upon the tongue and face were undergoing rapid involution. The dose of the drug was then reduced to two grains thrice daily, and an eye lotion and mouth wash ordered. From this time on, both the mouth and the eyes improved.

Several authorities are quoted who deny that a severe stomatitis can be caused by iodides. Kaposi, however, admits that in rare cases this may occur. The author eliminates the possibility of the above case having been one of mercurial stomatitis—with which it had the closest resemblance—and supports his view that it was due to the potassium iodide by the fact that the stomatitis appeared concurrently with the other symptoms of iodism. *A. B. Kelly.*

Soffiantini, G.—*Anatomy of the Sub-Maxillary Gland. A Paper read before the Lombard Medical Society,* Jan. 15, 1896. "Bollet. delle Malattie dell' Orecch.," Giugno, 1896.

THE author bases his results on three hundred examinations, and comes to the conclusion that, in eighty-five per cent. of these, the sub-maxillary gland extends much lower than is generally taught or treated of in anatomical text-books. He finds, in brief, that almost the entire volume of the gland lies in the neck; to express it more exactly, in the posterior half of the lateral supra-hyoid region, corresponding superiorly to the interior pterygoid muscle, its base to the thyro-hyoid membrane and the upper margin of the latter cartilage, and resting on the posterior belly of the digastric muscle, the hypo-glossal hyoid triangle, and the greater horn of the hyoid bone.

This fact is of some importance in surgical procedures involving the gland, and

in ligations of the lingual artery would necessitate an incision lower down than is actually taught.

Although Ricard and Sebileau published their researches on the same subject somewhat prior to a preliminary communication of the author's, and published in the "Scientific Bulletin" of Pavia (Anno XI.), the latter claims the priority of his studies. *Jefferson Bettman.*

Wright, Faulconer.—*A Case of so-called Angio-Neurotic Œdema.* "Brit. Med. Journ.," Sep. 19, 1896.

THE patient, a lady of sixty, has suffered for the last thirty-five years with the formation of localized œdematous swellings, sometimes as large as half an orange, with slight reddening of the skin and pitting on pressure. She is seldom free from an attack for six weeks at a stretch, and there is no marked general disturbance or urticaria. All parts of the body are affected, including the face, the tongue, and, presumably, the trachea and bronchi. In a few hours the tongue has swollen to the extent of making it impossible to shut the mouth; and, in two instances, attacks of dyspnœa, closely resembling true asthma, have occurred.

Ernest Waggett.

NOSE, &c.

Bois, R.—*Notes on Fistulæ of the Frontal Sinus.* "Thèse de Paris," 1896; and "Arch. Gén. de Méd.," July, 1896.

FROM the careful examination of thirty-four cases, these fistulæ were found secondary to (1) traumatism; (2) inflammation, acute or chronic sinusitis (the most frequent cause); (3) surgical operation in the region. Their intractability and the rarity of spontaneous cure of these fistulæ is due to the rigidity of the osseous cavity, which is, in fact, a nasal diverticulum. The symptoms are not characteristic: purulent discharge by the nose and the sinus—frequently by the sinus only, on account of obstruction of the passage into the nose; sometimes (one case) escape of air. Catheterism and exploration are necessary for diagnosis. The treatment must be surgical—breaking up one or both walls of the sinus, curettage of the suppurating cavities, and fronto-nasal drainage. *A. Cartaz.*

Burnett, Charles H. (Philadelphia).—*Non-Fœtid Ozœna and Chronic Aural Catarrh.* "Philadelphia Polyclinic," Oct. 3, 1896.

THE notes of two cases, mother and child, where there was absolutely no smell from the nasal discharge, although there was an abundant formation of the characteristic crusts and atrophy of the mucous membrane. Both cases were accompanied by tinnitus, and in the mother there was increasing deafness, the ear symptoms being apparently due to ill-regulated nasal douching. The cases improved under the application of thymol in glycerine and alcohol, five grains to the ounce. *StGeorge Reid.*

Chandler, H. B.—*Heterophoria from Nasal Reflexes.* "Ann. Ophth. and Otol.," Oct., 1896.

THE author quotes four cases, viz.—(1) A female of twenty-seven, with headache; hypermetrophic astigmatism, exophoria 14°, and hyperphoria 9°. Turbinal hypertrophy was found and relieved, with a diminution of the exophoria to 6° and hyperophoria to 3° in six weeks' time. (2) Male, aged thirty-four, headache, and