

tie the jugular in a case of extension of the phlebitis to this vessel, and then at a height corresponding to the lower limit of the septic thrombus; or, if it were thought necessary to tie the vein when not infected itself, only to practise such ligature above the opening of the thyro-linguo-facial trunk, in order that re-establishment of the circulation of the facial, lingual, and thyroid veins might be assured, as well as of the pterygoid and vertebral plexuses.

CASE OF FACIO-SCAPULO-HUMERAL MYOPATHY OF NASAL PREDOMINANCE.

BY DR. PASQUIER.

The author reported the case of a man, aged twenty-nine, in whom had developed, since the age of twenty, facio-scapulo-humeral myopathy. The chief symptom was collapse of the alæ of the nose on to the septum, producing, at each inspiration, almost complete obstruction of the nostrils, which dilated under the blast of expired air. There was atrophy of the pituitary mucous membrane and of the turbinated bodies. The muscular atrophy had given a skeleton-like appearance to the face. The patient was obliged to breathe through the mouth; quick walking was difficult, and running impossible. The appetite and digestion were normal. Feeding up had not arrested the development of the atrophy.

Electric treatment was instituted. Slight diminution of electric excitability in the region of the facial nerve was found.

Abstracts.

MOUTH.

Kretschmann (Magdeburg).—*Throat Symptoms caused by Disease of the Glands of the Floor of the Mouth.* "Archiv für Laryngol.," vol. xix, part I, 1906.

The author of this paper states that some years before the appearance of Bœnninghaus' publications ("Ueber Nervösen Halsschmerz"), he had himself, as a result of systematic bimanual palpation, arrived at the conclusion that in many obscure throat cases similar to those dealt with by Bœnninghaus quite definite and readily appreciable pathological changes are present in the glands of the floor of the mouth, and are the cause of the trouble.

After a somewhat detailed consideration of the anatomy of the region, in which especial attention is devoted to the submaxillary and sublingual salivary glands, a description is given of the symptoms usually present. The chief of these are disturbances of the act of swallowing, such as pricking and burning sensations, the feeling of a foreign body in the throat, and

the symptom known as globus hystericus. Pain, which is rarely great, may be localised in the affected region or referred to distant parts, notably the ear (so-called otalgia neurosa). Sensations of dryness and burning in the throat may be due to diminished secretion of saliva, though this is doubtful.

On bimanual examination with the fore-finger of one hand in the mouth and that of the other hand externally, the submaxillary and sublingual glands are easily felt, and in these cases are found to be distinctly enlarged and tender. Enlargement and tenderness of the lymph-glands of this region do not appear to give rise to the like troublesome symptoms. The submaxillary gland was affected in all the author's cases, the sublingual only in 25 per cent., a fact which is perhaps associated with the greater liability of the former to salivary calculi. In four cases of the series the swelling seemed to be due to salivary obstruction, but the vast majority (eighty) were certainly of an inflammatory nature. The micro-organisms which are responsible for the inflammation enter the gland most probably through the duct. Excessive movement of the floor of the mouth, as in prolonged speaking or singing, appears to originate the trouble in some cases.

Treatment, especially in cases of a rheumatic nature, includes the internal administration of salicylates or aspirin, together with the external application of tincture of iodine or mesotan and vaseline (1 in 2). The best and most certain measure, however, is gentle massage between two fingers, one within and the other without the mouth. The unpleasant sensations may disappear at once, and in a few of the more acute cases may not return; in the more chronic forms, however, several "sittings" are required. The size and consistency of the organ may be observed during the course of treatment to return to the normal.

Thomas Guthrie.

FAUCES.

Goodale, J. W.—*The Examination of the Throat in Chronic Systemic Infections.* "Boston Med. and Surg. Journ.," November 29, 1906.

Dr. Goodale suggests the examination of the throat as a possible portal of infection in cervical adenitis and chronic arthritis. The examination should not be merely ocular, but based "upon an intelligent application of the related data in physiology and pathology." The author confines himself to tuberculosis of the lymph-glands and infectious arthritis. The nine cases described show that tuberculous cervical adenitis may exist in association with the presence of tubercle bacilli in the tonsils, and that a form occurs accompanied by subacute and chronic inflammation of the tonsils and disappears after their excision.

MacLeod Yearsley.

Zoliki (Strassburg).—*A Congenital Fibrolipoma of the Palatal Tonsil.* "Arch. of Otol.," vol. xxxv, No. 2.

The tumour was 30 mm. in length, the greatest breadth being 11 mm. It was of an elongated club shape, attached with a narrow pedicle to the tonsil. It presented the peculiar feature that at its most distal part it contained an area of lymphatic tissue containing follicles, and there were similar minute particles scattered throughout.

Dundas Grant.