

and complications of both operations, and concludes that both have their indications. Tracheotomy is sometimes necessary after intubation, when the asphyxia is not relieved. Of 769 cases of intubation, secondary tracheotomy has been practised 136 times as a last resource, and has given ten cures.

*A. Cartaz.*

**Bramwell, Byrom** (Edinburgh).—*Two Cases of Lupus treated by Thyroid Extract.* "Brit. Med. Journ.," April 14, 1894.

THE author was led to use the extract for two reasons—one a purely experimental reason, and the other induced by the consideration that seeing that myxœdematous patients often die from tuberculosis, and that these recover through use of the extract, this may equally benefit lupus, a tuberculosis of the skin. In the two cases, although a cure has not been effected, yet satisfactory progress towards this is quite noticeable.

*Wm. Robertson.*

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## MOUTH, TONGUE, PHARYNX, &C.

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**Butlin** (London).—*A Clinical Lecture on a Series of Forty-six Cases of Removal of one half or the whole of the Tongue with One Fatal Result.* "Brit. Med. Journ.," April 14, 1894.

THE method of removal was that of Whitehead. The lingual artery was tied where the disease was at the base of the tongue—the artery also being ligatured where the incision for removing diseased or suspicious glands was favourable. Wounds made for the removal of glands, especially of the submaxillary, should be drained for a week or ten days to avoid gravitation abscesses. General sepsis and septic affections of the lungs were the prevalent fatal complications after these operations for removal of the tongue, so that the after-treatment should be directed to maintaining the mouth wound aseptic, and preventing discharges or food entering the air passages. The author prefers iodoform dusting to the mouth wound for a week or ten days. The patient is made to keep his head low and lie on one side (the side to which the greater part of the tongue has been removed), so as to allow free egress to discharges. Where the whole tongue has been removed, and where *Schluckpneumonie* is to be feared, feeding by the stomach tube is to be maintained as long as danger is possible. The great majority of the cases referred to were uncomplicated (*i.e.*, no glands removed or lingual ligatured).

Uncomplicated, 30; removal of one lateral half of tongue, 13; removal of anterior half or two-thirds, 12; removal of whole tongue, 5. The ages varied from thirty-three to seventy-five, and nineteen of them were performed on persons over sixty years of age.

Complicated operations, 16; removal of half of the tongue and lymphatic glands, 2; removal of the whole of the tongue and lymphatic glands, 1; removal of half of the tongue, ligature of lingual in neck, removal of glands, 10; removal of whole tongue, ligature of lingual in neck, etc., 3.

These complicated operations were recovered from with greater difficulty, from infiltration of the wound, etc. *Wm. Robertson.*

**Durham, H. E.** (London).—*Persistence of the Thyro-glossal Duct.* "Brit. Med. Journ.," April 14, 1894.

THE author described three cases :—

Case I. In a man aged nineteen, where the specimen showed two lumina lined mostly with ciliated epithelium ; at the upper part (level of lower border of hyoid bone) patches of squamous epithelium occurred. Also a small tract of thyroid gland follicles. With the median position these facts indicated thyro-glossal duct origin.

Case II. Removed from a child aged six years. This specimen showed also paired lumina, the epithelium being cylindrical below and squamous above.

Case III. Goitre of the isthmus glandulæ thyroidea, associated with persistent thyro-glossal duct, in a girl aged eighteen. The diagnosis of thyro-glossal duct rested upon the presence of ciliated cavities with tumour, and the section of a process running upon the thyroid cartilage at the operation.

The author also presented a classification of congenital cysts and fistulæ of the mid-line of the neck and of the base of the tongue.

1. Dermoid cysts and fistulæ are due to (*a*) persistence of ductus lingualis, (*b*) persistence of sinus precervicalis, (*c*) of independent origin.

2. Mixed dermoid and mucoid cysts and fistulæ (*a*) due to persistence of ductus thyro-glossus, (*b*) persistence of sinus precervicalis, and both epiblastic and hypoblastic gill pouches.

3. Mucoid cysts and fistulæ (*a*) derived from the mucous glands of ductus lingualis (*b*) due to persistence of ductus thyro-glossus.

It was suggested that many of the cases recorded as branchial fistulæ were rather to be regarded as persistent thyro-glossal ducts. Next, certain modes of origin of median cervical cysts and fistulæ, which had been hypothesized in the past, were dealt with.

These were (*a*) pre-epiglottic mucous glands, (*b*) tracheal and laryngeal hernia, (*c*) bursæ about the hyoid bone. The records of such cases were to be considered doubtful. Bland Sutton pointed out that there was no congenital opening, but that at some time after birth a cyst formed, which was opened, and then remained as a permanent fistula, whereas branchial clefts were always congenital. Hence treatment consisted in radical measures. *Wm. Robertson.*

**Raymond, J. H.**—*Guaiacol as a Topical Application in the Treatment of Acute Tonsillitis.* "Med. Record," March 24, 1894.

THE author has recently employed guaiacol in the treatment of acute tonsillar affections. In some cases pure guaiacol was applied ; in others, a fifty per cent. solution in oil of sweet almonds. The application, as expected, was attended by slight smarting for a few moments. Cocaine solution, applied previous to the guaiacol spray, appeared to intensify rather than lessen the smarting pain. Guaiacol may be applied either by means of an atomizer, or by means of a cotton swab dipped in the

solution. Care must, of course, be taken that no guaiacum finds its way into the larynx. *W. Milligan.*

**Joins, H. F.**—*Guaiacum in Diseases of the Tonsils and Pharynx.* "Journ. Ophthal., Otol., and Laryngol.," Jan., 1894.

GUAIACUM administered in homœopathic doses, and a homœopath's indications for its exhibition. *R. Lake.*

**Delap, S. C.**—*Treatment of Hypertrophied Tonsils.* "Journ. Ophthal., Otol., and Laryngol.," Jan. 1894.

NOTHING new.

*R. Lake.*

**Mendel.**—*A Case of Angina from Copaiba Balsam.* "Bulletin Med.," March 25, 1894.

A YOUNG man, twenty-two years of age, took copaiba and cubeb opiate for some days for blennorrhagic urethritis. On the seventh day appeared a confluent exanthematous rash, simultaneously with redness and congestion of the pharynx, palate, and tonsils. The uvula was enlarged from œdema. Over the whole surface of the mucous membrane of the throat appeared a miliary eruption. The third day after the appearance the eruption disappeared. The patient had constant mouth-breathing, and consequently chronic pharyngitis, due to post-nasal obstruction from adenoid vegetations. *A. Curtaz.*

**Williams, C.** (Norwich).—*A Case of Stricture of the Œsophagus; Gastrostomy.* "Lancet," Feb. 3, 1894.

MR. WILLIAMS insists on the operation being performed before starvation sets in, so that it can be done in two stages. He thinks it should be performed as readily in malignant disease of the œsophagus as colotomy in malignant disease of the gut. An illustrative case is related in which unfortunately death followed from peritonitis owing to the giving way of the adhesions. The statistics collected by Gross are quoted.

*Dundas Grant.*

**Franks, Kendal** (Dublin).—*Fibrous Stricture of the Œsophagus treated by Gastrostomy and Dilatation from below.* "Brit. Med. Journ.," Feb. 3, 1894.

THE case occurred in a lady, aged twenty-four, who since an attack of scarlet fever at the age of seven suffered from dysphagia. During the last two years this difficulty was on the increase, and she was reduced from eight stones to five and a half stones in the last twelve months. A bougie showed an impermeable stricture three inches above the cardiac orifice. On July 6th, 1892, the abdomen was opened in the middle line from the zyhoid cartilage downwards. The stomach, which was very contracted, was opened for an inch, cleaned out, and the finger introduced. Otis's dilating urethrotome, without the blade, was passed along the finger through the stricture, and the stricture was dilated antero-posteriorly, and then laterally. A bougie, passed through the mouth, emerged in the stomach, and by its means strong silk drawn up the œsophagus to the mouth. A plug of gauze tied to this, with another silk ligature at the other end, was drawn backwards and forwards

through the stricture, the lower ligature being cut off. The stomach was immediately closed, returned to the abdomen, and the external wound sutured. The plug was withdrawn in six hours. The patient made an uninterrupted recovery, and was able to go out on the twenty-first day. Two months later the stricture readily admitted a medium-sized bougie. Dilatation, supplemented by electrolysis, was carried out at intervals. Eighteen months after the operation the patient was in perfect health, and had increased in weight from five and a half to eight and a half stones. Twenty-one cases were collected and referred to by the author, in which eight had been done by the immediate method, as in the case recorded. In the remainder a gastric fistula had been first established, and from one to four months subsequently retrograde dilatation of the œsophagus, either by Hagenback's or some other method, had been carried out. The author favours the immediate method in all cases of impermeable fibrous stricture, except after extensive injuries involving a great length of the tube, when immediate dilatation would be impracticable. The operation was devised and first performed by Loreta in 1888.

Wm. Robertson.

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## NOSE, &C.

**Gaube.** — *Actinomycosis of the Face cured by Iodide of Potassium.* Union Med. du Nord-Est, March, 1894.

AN interesting report of the case of a girl eighteen years of age. Three months ago there occurred tumefaction of the left maxillary and genial regions. At first it appeared to be like a dental periostitis. Dentition was in a bad state. There were carious teeth and fungous gingivitis. When the patient came into the hospital the tumour was considerable, and the skin blue-violet in colour, and there was engorgement of the sub-maxillary glands. An exploratory puncture gave exit to a small quantity of liquid containing yellow grains. The actinomycotic nature of the bodies was afterwards confirmed by histological examination and bacteriological cultures. The author proposed a radical operation, which was declined by the patient. She then took iodide of potassium, three grammes a day. A fortnight later, suppuration occurred in the tumour, and a small abscess opened with discharge of pus and yellow patches of actinomycetes. After two months complete cure resulted. *A. Cartaz.*

**Jones, Lewis** (London). — *Paralysis of the Sterno-Mastoid, and Trapezius, of Right Side of Face and Deafness.* "Brit. Med. Journ.," April 21, 1894.

THIS occurred in a girl aged nineteen. The soft palate was not affected. The history of the onset was vague. The author pointed out that the association of paralysis of the seventh cranial with the spinal accessory nerve was unusual. Dr. Beevor supposed that the symptoms were due to pressure on the facial and auditory nerves, and pressure lower down on the spinal accessory. The accessory to the vagus was not involved, as