MOUTH, &c.

Huber, F.—*Retropharyngeal Abscess.* "Arch. Ped.," June, 1897.

THIS complaint is common in New York City. They are more frequently lateral than median and the most common period is before the age of fifteen months, and are due to suppuration of the retropharyngeal glands, otherwise called the glands of Henle. They may precede, follow, or be coincident with cervical adenitis. The symptoms are characteristic: dysphagia, nasal voice or cry, head retracted, sometimes to a lateral position and rigid, with cyanosis at times, and the occasional presence of lateral fluctuation in the neck. The position of the abscess necessarily modifies the symptoms. Pus may burrow and point at such places as the angle of the jaw, the writer having seen one case of rupture through the external meatus. The better way of evacuating the abscess is with forceps; there is less bleeding, and the opening remains patent longer than after the use of the knife. *Lake.*

Miller, Lewis (Brooklyn).—*Case of Pemphigus Chronicus Vulgaris of the Mouth and Epiglottis.* "New York Med. Journ.," July 2, 1897.

THIS interesting case occurred in a married man aged seventy, who was a victim of rheumatism from time to time for forty years, and had an attack of purpura hæmorrhagica some years previous, but no syphilitic history. The paper is accompanied by an excellent coloured plate showing diagrammatically the affected localities. The patient was exhibited before the American Laryngological, Rhinological, and Otological Society in New York in June, when considerable uncertainty as to the exact nature of the disease seems to have existed. Subsequently the author, in consultation with other eminent authorities, was convinced of the accuracy of the diagnosis. Microscopic examination of the "membrane" gave negative results. For some months the patient was placed upon purely syphilitic treatment without any benefit whatsoever. Subsequently a prolonged course of strychnine and iron and arsenic has apparently produced considerable improvement, but the author is not confident as to the permanency of the satisfactory result. He discusses fully the symptoms of the disease with an exhaustive bibliography of the subject, stating that he has been unable to find a single case where the disease has originated on the mucous surface reported in the English language. [We recollect having seen some years since a somewhat similar condition in a patient from New York, who had been under the care of many eminent physicians, without deriving lasting improvement therefrom. In his case the patches were confined to the fauces, soft palate, and cheek. Treatment had been in general antisyphilitic, in spite of the patient's vigorous protestations of the impossibility of any such origin.—ED.] *Sandford.*

Schultze, Fr.—*On the Position of the Base of the Tongue in Peripheral Facial Paralysis.* "Münch. Med. Woch.," June 8, 1897.

IT is well known that in facial paralysis and some other conditions the tongue is often protruded, not in the middle line. The author has further noted, in a few cases of facial paralysis, that the back of the tongue, both when stretched out and when in the position of rest in the mouth, lies unevenly, the half on the paralyzed side being on a lower level than the other half. For example: In one case of left facial paralysis the palate acted equally on both sides, the tongue was protruded in the middle line, but, whether at rest or protruded, the left side of the base of the tongue lay lower than the right. As the paralysis passed off this inequality also

disappeared. Two other similar cases are cited. The author is certain that this condition of the tongue is not a mere coincidence, but cannot offer any satisfactory explanation of it. The most natural explanation would be that paralysis of the stylohyoid and posterior belly of the digastric muscles, which raise the hyoid bone and which are supplied by the facial nerve, causes the condition. The author, however, could never make out any obliquity in position of the hyoid, nor is it possible by depressing one side of the hyoid to depress the corresponding side of the base of the tongue. The degree to which the facial nerve is affected is of no importance. The affection was always found in cases where the chorda tympani was involved, and never in central paralysis. Electric stimulation of the nerve had no influence on the position of the tongue. *Arthur J. Hutchison.*

NOSE, &c.

Borgengrün.—*On the Importance of the Irrigation of the Nose.* "Petersburg Med. Woch.," 1897, No. 24.

THE author gives the following conclusions:

1. In very young children irrigation of the nose should only be done by an experienced hand.

2. The liquid must not be injected by force. At least half an hour after the injection the patient is not allowed to blow his nose hard.

3. During the irrigation there must not be any phonation or swallowing; as soon as this happens the injection must be left off. Also, when the patient feels any sensation in the ear, injection must cease.

4. There must always be intervals after every five to ten cubic centimètres injection.

5. The liquid must not be too warm or too cold. Solutions of alum or carbolic acid must not be used.

At the end the author mentions the different instruments for irrigation of the nose. *R. Sachs.*

Concanon, James J.—*On Retronasal Adenoids: their Removal without Anæsthesia, and a New Instrument.* "New York Med. Journ.," June 12, 1897.

THE author advocates the removal of such growths without general anæsthesia in the ordinary run of cases. He has devised an instrument for which he claims advantage over the ordinary cutting forceps and the curette. It consists simply of a modification of a cutting forceps, guarded as to its anterior surface by a thin plate of spring steel which covers the open blades, facilitating the insertion of the instrument by raising the soft palate, and also, by resting against the posterior edge of the septum, serves as a guide and protection during the operation. The author is particular in pointing out that the instrument does not supersede the Gottstein curette in all cases. He says every operator should possess both instruments. *Sandford.*

Fehleisen, F.—*Diagnosis and Treatment of Affections of the Frontal Sinuses.* "Medical Record," Aug. 7, 1897.

IN the great majority of cases of inflammatory affections of the frontal sinuses infection plays an important *rôle*. Usually the path of propagation is through the nose. Primary inflammations (usually acute) may occur with, or more rarely without, simultaneous disease of the nasal cavities.

The more acute cases begin with high fever, sometimes even a chill, followed