## MOUTH, &c.

**Bobone, J.**—*Gonorrhœic Angina of Ludwig.* "Bollet. delle Malatt. dell' Orecchio, etc.," Agosto, 1896.

SINCE Traube first called attention to a case of gonorrhœal rheumatism, the connection between urethral blenorrhagia and inflammatory processes occurring in various organs more or less distant from the genital organs, has been closely studied. Not only cases of peritonitis and orchitis, but instances of pleuritis, endocarditis, parotitis, neuritis, hæmorrhagic exanthemata, iritis, irido-choroiditis, have since been observed and published. Of late Noble has published cases of polyarthritis, myositis, and one case of inflammation of the atlanto-axoid articulation, whilst Litten recorded a case of chorea, all occurring with and due to gonorrhœa. The author then relates a case of angina of Ludwig occurring in an individual aged twenty-eight years, who had been suffering for several years of chronic urethral blenorrhagia. The patient, on and off, had several acute exacerbations of the urethral trouble, in part due to sexual excesses and other inciting causes, and early in August presented himself with a large swelling just below the under jaw. Fever set in and the tumefaction increased, developing all the symptoms of angina of Ludwig. A primary incision produced but little benefit, but a second, repeated a few days later, gave exit to a large quantity of thick, creamy, fœtid pus. Fever was immediately reduced, and dysphagia disappeared the day after. In treating of the etiology of the case, Bobone excludes dental caries, malarial infection, and influence of cold as direct causes. As the patient, however, was suffering at the same time from an acute attack based on the chronic urethral blenorrhagia, the author is inclined to trace the angina to direct gonorrhœal infection. Although he was not able to find the gonococcus in the pus, which partly may be due to hasty examination, or, as in many similar cases of gonorrhœal infection, due to complete absence of these micro-organisms, this fact by no means excludes the gonorrhœic origin. To substantiate this he cites the observations of Fiuger, Wicherkiewicz, etc. *Jefferson Bettman.*

**Cameron, Hector C.**—*Tubercular Ulcer of the Tongue. Report of Two Cases.* "Glasgow Med. Journ.," Aug. 1896.

IN both cases the ulcers were situated between the tip of the tongue and the attachment of the frenum, so that when the tongue was protruded they came in contact with rough, irregular edges of the teeth. Both patients suffered from chronic phthisis, and the sputa contained tubercle bacilli. It was probable that in coughing the under surface of the tip of the tongue had been abraded (as occurs in whooping cough), and then the abraded surface had been inoculated with tubercle by means of the sputa. *A. J. Hutchison.*

**Coulter, H. J.**—*Quinsy: the Differential Diagnosis and Treatment.* "Journ. of the Amer. Med. Assoc.," Nov. 7, 1896.

IN treating quinsy the author uses a mercurial cathartic and a saline, and, at its proper time, incision. Besides these, he for many years prescribed quinine, opium, guaiacum, sodium salicylate, aconite, and belladonna. In 1892 these were given up in favour of salol, which in turn gave place, eighteen months ago, to lactophenin. As compared with salol, "its action is more prompt; it has caused no undesirable "after effects; it not only relieves the pain, but reduces the fever with equal "certainty." The dose seems to be ten grains every three hours. In the author's experience, it is by far the most successful treatment for quinsy. *A. J. Hutchison.*