

4. In cases of croup following measles, in which tracheotomy is never successful. Intubation in such cases offers a slight chance of success.

5. In all cases in which tracheotomy is impossible or dangerous.

R. Norris Wolfenden.

Lester, F. W.—*Intubation of the Larynx in Diphtheritic Croup.* "Med. Record," Aug. 30, 1890. Statistics from the Willard Parker Hospital, New York.

IN the first six months of 1889, twenty-three operations were performed, with nine recoveries = thirty-nine per cent. Average age three years five months ; average age of those that died, two years eleven months : of those that recovered, four years two months. In fatal cases the average duration of life after intubation was four days. In recovery the average time during which the tube was in the larynx was six days.

In the second six months of 1889, seventeen operations were performed, with eight (= forty-seven per cent.) recoveries. Average age, three years eleven and a half months ; average age of those that died, two years nine months ; of those that recovered, five years four months. In fatal cases the average duration of life after intubation was three days sixteen hours. In the recoveries the average time the tube was in the larynx was five days twenty-one hours.

In the first six months of 1890, eighteen operations were performed, with seven (= thirty-nine per cent.) recoveries. Average age, two years seven months. Average age of those dying, two years ; of those recovering, three years five months. In fatal cases the average duration of life after intubation was two days thirteen hours. In those recovering, the average time the tube remained in the larynx was six days ten hours.

Jacobi's treatment, viz., iron and potash every half-hour, with bichloride of mercury (one-fortieth—one-sixtieth) every hour, was adhered to. General symptoms were treated *secundem artem*. Stimulants were used freely—there is greater danger of giving too little than too much.

R. Norris Wolfenden.

MOUTH, TONGUE, PHARYNX, &c.

Porai-Koshitz, Vladimir I. (Khar'kov).—*Syphilitic Chancres of Lip, Cheek, and Fauces.* "Medizina," Nos. 53, 55, and 56, 1890, p. 433.

THE writer records the following group of cases which came under his observation in the course of 1889:—

1. *Chancere of the Upper Lip.*—A founder, aged twenty-eight, had first noticed a "crack" on his upper lip about Christmas, 1888. When examined on February 21, 1889, the part was found enormously swollen, greatly overlapping the lower lip, and hanging down in a curtain-like fashion. On its outer surface, nearer to the corresponding nostril, there was situated a circular, deep, crater-shaped ulcer, of the size of a shilling piece, its floor being of a tallow-like appearance, the edges claret-

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red, clean, even, and forming a rather broad elevation, gradually slanting outwards and inwards. The base was considerably indurated, the infiltration involving the whole thickness of the lip, and extending over the nasal wing and a large area of the adjacent cheek. The red border of the lip was excoriated and covered with a thick scurf, the inner surface being of a cherry-red colour. The sub-mental, lateral, cervical (especially the right sided), supra-clavicular and axillary glands were enlarged. There were present papules over the body and other secondary manifestations. The mode of infection remained obscure. The disease was characterized with an exceedingly obstinate course (in spite of a most energetic treatment). The man transmitted the disease to his wife (*sub coitu*), who was subsequently delivered of a girl with intense congenital syphilis.

2. *Hard Chancre of the Lower Lip.*—A locksmith's apprentice, aged sixteen, was brought to the author with symptoms of three months' standing. Nearly the whole length of the inner surface of the lower lip was occupied with a dirty-looking, shallow, slightly indurated ulcer, the red border of the lip being lined with thin films of a yellowish colour, and the upper lip traversed with erosions and chinks. There were found, further, enlarged sub-mental, sub-maxillary, and cervical glands (especially on the left side), mucous papule on the right tonsil, and bright-red excoriations on the buccal mucous membrane. Under the influence of iodide of potassium and cauterizations, the chancre rapidly healed, and all other manifestations disappeared. Before this, however, the lad had succeeded in infecting his brother, aged nine, the primary lesion appearing somewhere in the oral cavity.

3. *Buccal Chancre.*—A Crown official, aged twenty-eight, sought the author's advice on account of "some rash" of one and a half month's standing, which proved to be papular syphilides. The genitals were sound, but on the mucous membrane of the right cheek, near the corner of the mouth, there was discovered a whitish, stellated, considerably indurated scar, surrounded with several small-sized erosions, the affected area being of a bright-red colour. The sub-maxillary glands of the right side were enormously swollen; the corresponding cervical and occipital glands were also considerably enlarged. After twenty-four mercurial inunctions all the symptoms disappeared.

4. *Faucial Chancre.*—A married merchant, aged thirty-five, father of two children, came to the writer with complaints of difficult swallowing, shooting pain about the right ear, noises in the head, and roseolar rash over the body. On examination, the right tonsil and faucial pillars were found to be of a dark cherry-red colour, the base of the anterior pillar and an adjacent portion of the tonsil being occupied with a whitish, shining, fairly smooth, somewhat indurated ulcer. The right peri-auricular glands were considerably enlarged. An inquiry elicited that in September, 1888, the patient's boy, aged three, had contracted a faucial chancre from a playmate of his, belonging to a syphilitic family. Shortly afterwards the boy transmitted the disease (similarly a faucial sore) to his little sister of one and a half years. In January, 1889, their mother, and in March, the father, became infected in the same way.

5. *Faucial Chancre*.—The case refers to a railway barrier-waiter, who had contracted syphilis from a mate of his (through promiscuously using spoons, etc.), the primary lesion being situated on the left tonsil and faucial pillars.

Valerius Idelson.

Fournier.—*Treatment of Tertiary Syphilis affecting the Tongue.* Union Médicale, Mar. 20, 1890.

THE general treatment is well known : iodide of potassium in gumma of the tongue ; mercury in sclerosis of the same. Local medication includes hygienic treatment, and the employment of topical applications. Local hygiene is indispensable. The patient should take the trouble to wash the mouth after each meal, so that alimentary matters may not collect in the furrows, where they form foci of fermentation. Irritating foods must not be taken, and culinary preparations should be chosen which require the least possible mastication, such as broths, soups, ices, hashes, &c. As first topical application the author recommends the use of soothing gargles, which are the best of all. It is not necessary to employ gargles of alum or those of mercury. The patient should use, so to say, true mouth baths, and renew them many times during the day. Atomised fluids are excellent ; powders can be used, dissolved in emollient liquids, in a solution of iodated iodide of potassium, 250 grammes of water containing two or three grammes of iodide of potassium and forty drops of tincture of iodine. The patient should use each day two or three such solutions, employing the atomised fluid on each occasion for ten or fifteen minutes. In sclerous glossitis, cauterization by means of the solid nitrate of silver is very useful when there are fissures or rhagades. An application should be made every four or five days without any other treatment, and acid nitrate of mercury should not be used, as it is too painful. In the gummatous form, cauterization with tincture of iodine is very useful when the slough has come away ; later, when the cavity tends to vegetate, the nitrate will favourably affect the process of reparation. On the contrary, cauterizations are absolutely useless on the surface of sclerous glossitis, over non-ulcerating gummata, or those in process of elimination, because they have no effect on the slough. In certain cases, fearing phagedena, gummata in the ulcerative stage have been cauterized with chromic acid, nitric acid, chloride of zinc, and even the actual cautery. In the opinion of the author, these irritating cauterizations would tend rather to aggravate the condition than to ameliorate it.

Joal.

Hallopean.—*On a Vegetating Form of Syphilis of the Tongue, and its Differential Diagnosis from Epithelioma.* Société de Dermatologie, June 12, 1890.

A PATIENT suffering from severe syphilis affecting the tongue presented, in spite of thorough and prolonged treatment, vegetative and indurative outgrowths, and at the same time enlargements of the adjacent glands. The author at first made the diagnosis of epithelioma. The results of investigation undertaken by M. Goupil, and the opinion expressed by M. Fournier, lead him to give up this diagnosis. Observation of cases shows (1) that syphilomata of the tongue can persist and continue to proliferate in spite of energetic treatment ; (2) that they may occur at the

same time both in the deeper portion of the organ and in the region immediately below the mucous membrane ; (3) that they may appear as indurative and vegetative tumours ; (4) that also they may assume the form of papillomatous outgrowths ; (5) that they may be accompanied with adenopathy. They have been described under the name "lingual sclerosis." This phraseology can without doubt be legitimately applied to the later stages of the disease ; that of "vegetative syphilomata" is, however, more correctly used for the actual lesions. *Joal.*

Roe.—*An Instrument for removing Glandular Hypertrophies from the Tongue.* (The American Laryngological Association Meetings, May 29 to 31, 1890.)
"Boston Med. and Surg. Journ., July 3, 1890."

THIS is a guillotine, made on the principle of a tonsillotome, with which it is apparently not very easy to work.

Holden showed a flexible wire hook, sharp on its inner side, which is useful for removing adenoids of the naso-pharynx.

Delavan showed loop-shaped curettes, and a sharp spoon to be used before the forceps in operating on adenoids in young adults. *B. J. Baron.*

Bidwell.—*The Treatment of Acute Tonsillitis.* "Medical Record," July 5, 1890.
LOCALLY, poultices are applied externally, and in severe cases inhalations of steam are used. *Internally*, the following prescription is said to be most valuable :—

℞. Tinct. guaiaci, ammon., tinct. cinchonæ, co.	aa ʒj
Honey, strained.....	ʒij
Sat. sol., potass. chlorat.	ʒxvj

One teaspoonful every thirty minutes to two hours, used as gargle, and swallowed.

Aconite or veratrum viride may be added to this formula, and it may also be used in lozenge form. The author is fortunate in having had only one case, *seen early*, go on to suppuration during seven years under the above treatment. He regards common acute tonsillitis as septic, and thus separates it from the rheumatic variety. *B. J. Baron.*

Hudson (Stockton, Cal.)—*A Rapid Cure for Tonsillitis.* "New York Med. Record," Sept., 1890.

THE author relates the history of cases successfully treated with morphia and tincture of veratrum viride. He found that the attack of tonsillitis was cut short within from eight to twelve hours after the treatment was commenced. *R. Norris Wolfenden.*

Lemaistre.—*Peritonsillitic Abscess.* Congrès de Limoges, August, 1890.

THESE abscesses end by spontaneous discharge, possibly between the tonsil and the pillars, possibly below and behind, or by forcing a passage in the anterior pillar across the pillar of the palato-glossus. But these abscesses are very painful ; they can also lead to certain very grave complications. Thus, the author thinks it best to open them as soon as the presence of pus is certain. When the collection of pus is formed, it produces between the fibres of the anterior pillar a separation which can be felt with the finger, and which is situated obliquely on this pillar about

half a centimètre from its internal edge. This separation is not visible, but is very easily felt by the tip of the finger, to which it gives the sensation of a button-hole; it is, further, a point, pressure on which causes acute pain. This is the point which should be incised; the collection of pus is certain to be found, and it occupies the upper portion of the tonsillar excavation. It is necessary to insert the bistoury somewhat deeply, and not to be content with a mere puncture. *Joal.*

Claiborne.—*A Hiatus in the Anterior Pillar of the Fauces, coupled with a Supernumerary Tonsil on the opposite side.* “*New York Med. Journ.*,” Feb. 8, 1890.

THE supernumerary tonsil was one quarter to one-third of an inch above the insertion of the palato-pharyngeus muscle where it passes into the thyroid cartilage. On the other side the tonsillar tissue was in very small quantity. *B. J. Baron.*

Farlow.—*Eight Cases of Large Pulsating Arteries in the Posterior Wall of the Pharynx.* “*Boston Med. and Surg. Journ.*,” July 3, 1890.

ALL in females except one. *B. J. Baron.*

Bertels (Riga).—*A Case of Angina Herpetica.* “*St. Petersburg Med. Woch.*,” 1890, No. 35.

ERUPTION of herpes on the palate, and pharynx, and trachea. As the patient was tuberculous, it was first believed that tuberculous ulcers were present, but on further observation it could be determined with certainty that it was herpes. The author concludes with remarks upon the differential diagnosis between phthisis, syphilis, and herpes. *Michael.*

Mettenheimer.—*Communications from the Anna Hospital in Schwerin-i-M. Retro-pharyngeal Abscess.* “*Jahrb. für Kinderheilk.*,” bd. 30, heft 3.

A GIRL fourteen weeks old. The disease commenced with suppuration of the glands of the right angle of the lower jaw. Suddenly the voice became changed, attacks of suffocation followed. Abscess succeeded, reaching to the larynx. Incision was followed by cure. *Michael.*

Michael (Hamburg).—*Mandarins for the Introduction of Soft Rubber Tubes into the Bladder and Œsophagus.* “*Deutsch. Med. Woch.*,” Aug. 7, 1890.

THE mandarin consists of whalebone. On the handle is a prominence on which the Nelaton tube can be drawn. The mandarin with the tube combined is thus a solid mass which can easily be introduced, and can be applied with advantage for artificial feeding in cases of œsophageal stenosis. *Michael.*