

**MOUTH, TONGUE, PHARYNX,  
ŒSOPHAGUS, &c.**

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**Bergança.**—*Mixed Tumours of the Parotid.* Société Anatomique, May 19, 1890.

THE author showed a very large tumour of the parotid removed by M. Pigrot, from a man, aged fifty. The neoplasm, of long-standing, had at first undergone very slow growth, then, without known cause, its increase in size became very rapid. It had not caused facial paralysis. A preliminary histological examination showed the presence of a mixture of myxomatous and epitheliomatous masses. This examination will be completed. *Joal.*

**Lediard** (Carlisle).—*Sarcoma of the Parotid.* "Brit. Med. Journ.," Jan. 11, 1890. Border Counties Branch, B.M.A., Dec. 20, 1889.

EXHIBITION of a specimen of spindle-celled sarcoma, removed from the parotid region of an infant, aged four months. Recovery.

*Hunter Mackenzie.*

**Owen, Edmund** (London).—*Selected Subjects in the Surgery of Infancy and Childhood.* Second Lettsomian Lecture. "Brit. Med. Jour.," Jan. 25, 1890.

THE lecturer dealt with the subject of hare-lip, with dermoid cysts, and with the small tender lumps which were found shortly after birth in the sheath of the sterno-mastoid. He asserts that wry-neck is always, or with few exceptions, the result of partial or complete rupture of the sterno-mastoid during parturition, and that this was indicated by the presence of these firm, oval, painless swellings in the sheath of the muscle (*hæmatomata*). These ought to be treated by gentle massage and manipulation. Two other forms of wry-neck were alluded to, one due to cold and wet, and the other arising from acute disease of the upper cervical vertebræ.

*Hunter Mackenzie.*

**Arctander, H.** (Denmark). — *Xerostomia.* "Ugeskrift for Læger," May 3, 1890.

DESCRIBES a case of the disease classified by Hutchinson and Hadden under the name "xerostomia." The patient was a woman, aged forty-four, who for seven years had suffered from dryness of the mouth, which by degrees had increased so much that she was obliged to drink after each mouthful of dry solid food on account of the absence of saliva; in addition, decay of the teeth developed. The mucous membrane of the lips and the oral cavity was smooth, pale, dry, and so viscous that it adhered to the exploring finger. The stenonian ducts appeared as two pyramids, almost half an inch high, out of which could be pressed a clear viscous slime; after which proceeding they collapsed. The tongue was denuded, red, dry, and with deep furrows. She died some time after from typhoid fever.

*Holger Mygind.*

**Pavloff, Petr A.** (Moscow).—*Primary Syphilitic Ulcers of Lip, Gum, Tongue, Soft Palate, and Tonsil.* "Meditzinskiï Obozrenië," No. 1, 1890, p. 12.

THE author describes the following series of cases of extra-genital and non-venereal syphilitic infection which came under his observation during the last five years :—

(a) Seven cases of *labial chancres* in four adult men and three women. Of the number, in two (one man, one woman) the ulcer was situated on the upper lip, and in five (three men, two women) on the lower. It had invariably clean-cut edges, a smooth floor of a rich red colour, and a but slightly indurated base. As a rule, the surrounding zone was somewhat swollen (œdematous). In one of the male cases the base of the ulcer was rather spongy, and bled freely. In all of the patients the sub-maxillary lymphatic glands were considerably enlarged, and usual secondary syphilitic manifestations present.

(b) A case of *gingival chancre* in an old woman of sixty-five who used to feed a syphilitic infant (a grandchild of hers) from her mouth. The ulcer appeared, at the site of the lost upper right-sided canine and adjacent molar teeth, to spread over the oral surface of the gum and an adjoining area of the hard palate. It was about as large as a farthing piece, and had circular outlines and an intensely congested, shining, and dry-looking floor, which was covered with a greyish coat only in its middle, the remaining surface being quite clean. No induration could be detected. The right sub-maxillary glands were enlarged fairly considerably, the sub-lingual and cervical but slightly, the left-sided glands being normal. The patient's body was studded with syphilitic roseoles.

(c) A case of *lingual chancre* in a man. The sore was situated on the edge of the tongue, being accompanied with a typical enlargement of sub-maxillary glands.

(d) A case of primary syphilitic *erosion* of the right wing of the *soft palate* in a woman, aged sixty. The ulcer was circular and clean cut, and had a rich cherry-red colour. The sub-maxillary glands about the angle of the lower jaw were as large as a hen's egg.

(e) Three cases of hard *chancre of the tonsil* in two men and a young lady. In the latter, who had had hypertrophied tonsils, the sore developed on the left gland, causing a considerable induration of the organ and intense congestion of the adjoining faucial mucous membrane. The sub-maxillary glands of the left side were as big as a hen's egg.

*Valerius Idelson.*

**Covernton, T. S.** (Toronto).—*Papilloma of the Tongue successfully removed.* "Canadian Practitioner," June 16, 1890.

A LARGE sessile papillomatous growth was met with on the dorsum of the tongue of a child aged two years and a half. The tumour measured rather more than three-quarters of an inch in diameter. The history of development was obscure ; it is certain it appeared after birth, however.

Two curved gilded needles were attached to the negative pole of a galvanic battery, the positive pole was applied over the lower cervical vertebrae, and with the strength of five milliampères the needles introduced

into different parts of the growth, leaving them inserted for a few minutes each. After complete softening was thus produced, the whole mass was removed by means of a gilded spear-shaped needle, which was made to cut its way gradually through the disorganized tissues. Within a week the tongue was completely healed. *George W. Major.*

**Denorup.**—*Contagious and Infectious Nature of Tonsillitis.* “*Thèse*,” Paris, 1890.

THE author quotes cases of nephritis, of albuminuria, of adenitis, orchitis, ovaritis, occurring as the result of a tonsillitis; he also brings forward facts to support the view that the affection is contagious. *Joal.*

**Trumbull** (Valparaiso).—*Follicular Tonsillitis followed by Infective Phlebitis.* “*New York Med. Record*,” Aug. 9, 1890.

THE patient, female, aged fifty-four, had an attack of follicular tonsillitis, with considerable general disturbance. A week later, the throat not now being complained of, she began to suffer from pain and tenderness in the left calf. For some months previously the veins of the legs had been varicose. On examination several veins of the inner side of the left calf were found to be dusky, tender and nodular, but there was no induration or tenderness above the course of the saphena vein. The next morning, a severe rigor having occurred the preceding evening, she complained of vomiting, headache, and general *malaise*, with pain of the left calf, which was swollen, hot, and the seat of cellulitis extending over a surface the size of the palm of the hand, surrounding the obstructed veins of the previous day. Other severe rigors followed, and the prostration became extreme. Finally pneumonia set in, and the patient died ten days after the first appearance of phlebitis. The author regards the follicular tonsillitis as the starting-point of a septic inflammatory process, infective organisms entering the blood at this point and finding a resting-place in the dilated veins, whence they were discharged throughout the body.

*R. Norris Wolfenden.*

**Bleynie, M.**—*On the Treatment of Pharyngeal Diphtheria by Ice.* “*Journal Médicale de la haute Vienne*,” March, 1890.

THE author has employed this mode of treatment for some time, and records cases successfully treated with gargles, drinks, injections and irrigations of cold water or with ice. How is this success to be explained? By the action of cold upon the diphtherogenic microbe: an action comparable to that which this physical agent exerts on the bacillus of furuncle, the micrococcus of pneumonia, and on other micro-organisms. The degree of chilling which is necessary to destroy the vitality of the microbe remains to be ascertained. This is a gap, the existence of which M. Bleynie admits; but at the same time he remarks that this treatment of diphtheria is a particular case of the more general question of anti-sepsis by cold. *Joal.*

**Laquer** (Wiesbaden).—*On Pharyngotomia Subhyoidea.* “*Therap. Monats.*,” 1890, Heft 5.

IN cases of carcinoma of the posterior pharyngeal wall, cured by

pharyngotomia subhyoidea, the author collected the literature of the operation. Twenty-eight cases were operated on. The success of the operation was not favourable. The half of all cases died under operation, the other half from relapses. Only one case, referred to by Iversen, was definitively cured. *Michael.*

**Moreno Zancudo.**—*A Case of Spasmodic Stenosis of the Gullet* "Revista Clínica de los Hospitales," May, 1890.

A LADY, forty-three years old, had an attack of hysteria produced by a sudden fright. From that time she could not swallow without rejecting almost everything that she drank. Two years later, Moreno saw her. She was very feeble, all medicines having failed to remove the dysphagia. The patient could not be anaesthetized or hypnotized, but she was cured in two months by gradual dilatation with catheters.

*Ramon de la Sota y Lastra.*

**Postnikoff, Konstantin N.** (Kainsk, Siberia).—*Case of Foreign Body in the Pharynx, ending in Death.* "Vestnik Obshtchestvennoi Highieny, Südebnoi i Prakticheskoi Meditziny," Feb., 1890, p. 69.

A STRONGLY-MADE male peasant, aged fifty, died rather suddenly, after he had been, for some time past, heard complaining of chest pain, the affection having been attributed by him to a severe blow received many years previously. At the forensic *post-mortem* examination there was found a copper coin (an old *kopieka*, of the size of a farthing piece or so) "jammed in the lumen of the pharynx, close to the gullet." (No other details are given.—*Reporter.*) The pharyngeal, laryngeal, tracheal and bronchial mucous membranes were intensely congested and covered with an abundant whitish viscid mucus; the lower lobes of the lungs acutely inflamed; the left upper lobe oedematous. The author gave his opinion to the effect that "death had been caused by acute suppurative inflammation of the lungs, resulting from an accidental swallowing of the coin." Since enquiry elicited the fact that the deceased, to all appearances, had not been aware of the accident, the writer arrives at the conclusion that the man, having one day received the coin as change in some public-house, put it into his mouth, between his cheek and teeth (according to a foolish custom widely spread amongst the Russian peasantry), and subsequently swallowed it in an unconscious state (either when asleep, or when heavily intoxicated). [At all events, both the description of the case and explanation offered by the author are rather defective and vague.—*Reporter.*]

*Valerius Idelson.*