

result at first appeared favourable. The author does not attribute the unsatisfactory issue to a broncho-pneumonia consecutive to the operation. He observes that generally there is not sufficient time for its development before death supervenes. He thinks that such distressing accidents depend upon the absorption of poison by the tracheal wound, an absorption favoured in this very vascular region by the operative injury. *Joal.*

Szszontagh (Buda-Pesth).—*The Value of Tracheotomy in Croup.* "Pesther Med. Chir. Presse," 1890, No. 28.

THE author recommends the performance of the low tracheotomy, and employment of an anæsthetic. He believes the operation is not free from danger, and therefore it should only be resorted to in extreme cases. In young children the prognosis is bad. The results of intubation are not better than those of tracheotomy. *Michael.*

MOUTH, TONGUE, PHARYNX, &c.

Gémy.—*Herpetiform Syphilitic Chancre of the Lower Lip—Error of Diagnosis.* Société de Dermatologie, July 10, 1890.

A PATIENT, aged twenty-six, contracted in October, 1887, a simple chancre of the balano-preputial furrow. At the end of March, 1890, this patient came for fresh consultation with regard to a small erosion of the lower lip, of greyish surface and irregular border, presenting neither induration, nor enlargement of glands, nor pain. The diagnosis was that of herpes labialis, and a few days later cure was complete. Twenty days later the patient presented a sub-maxillary adenopathy. The lesion was thus described: "Herpes labialis completely cicatrized, its existence only evidenced by a slight pigmentation of the mucous membrane, *with no trace of induration.*" The diathesis of the patient, distinctly strumous, made it probable that the glandular enlargement was scrofulous, and iodide of potash was prescribed. At the end of twenty-five days the patient presented an eruption of incontestably syphilitic roseola, inasmuch as the ulterior development appeared as eroded patches of the tonsils and of the soft palate. The course of events thus established the fact that the pseudo-herpetic eruption of the lip was the incontestable starting-point of syphilis. The error of diagnosis was due to the complete absence of induration, and in the experience of the author extra-genital chancres always present induration, and are of considerable size. *Joal.*

Unna (Hamburg).—*Diseases of the Mucous Membranes of the Mouth.* "Monats. fir Prakt. Dermatologie," 1890, No. 7.

IN two cases the author has observed a chronic affection of the lip. The mucous membranes were thickened and affected by a suppurative process with resulting formation of cicatrices. The process lasted some

years and was treated without effect with anti-syphilitic medicaments in the first case. The glands of the neck had not been swollen. Both cases were treated with success by local application of tincture of iodine. The author calls the disease "Bälz's" disease, since Prof. Bälz first described it and its treatment. Similar affections following syphilis must be treated in the same manner. *Michael.*

Du Cane.—*Double Ranula.* "Centralbl. für Chirurgie," 1890.

A PATIENT suddenly felt a swelling in the mouth, and attacks of suffocation followed. The author found two translucent tumours in the mouth under the tongue, for which he could not find any cause. On incision he removed one and a half ounces of a ptyaloid fluid. Cure resulted. *Michael.*

Bandler (Prag).—*Pemphigus of the Mucous Membrane.* "Prager Med. Woch.," 1890, No. 72.

MINUTE description of a case of pemphigus of the mucous membrane of the mouth, pharynx, and larynx. *Michael.*

Birkett, H. S.—*Hemiatrophy of the Tongue of Peripheral Origin.* Transactions of the Canadian Medical Association, 1890.

IN a paper on hemiatrophy the author narrated a case with the following history:—Male patient, aged twenty-three years. The right half of the tongue was markedly atrophied, but tactile sense and the sense of taste were not impaired. The right side of the soft palate was paralysed, and sensation was diminished in the buccal mucous membrane and the nasopharynx. Adduction and abduction of the right vocal cord were very limited. There was persistent myosis of the right pupil. There was a thickened and infiltrated area on the right side of the neck, just in front of the anterior border of the sterno-mastoid muscle. Pressure over this area produced sweating of the right side of the face and dryness of the throat. The nerves involved were the hypo-glossal, the vagus, accessory, the branches of the pharyngeal plexus and the superior cervical ganglion of the sympathetic. These nerves appeared to be involved in a large and painful swelling at the angle of the lower jaw on the right side, which had come on during convalescence from an attack of mumps nine years before. The author's deductions were as follows:—

1. The hypo-glossal was the motor and trophic nerve of the tongue.
2. The glosso-pharyngeal nerve was concerned in the function of taste.
3. The branches of the pharyngeal plexus supplied the mucous membrane of the buccal and nasal pharynx with sensation.
4. The motor nerve of the levator-palati and azygos-uvulæ muscles was probably the accessorius.
5. That the superior cervical ganglion of the sympathetic contained (*a*) dilator fibres to the iris of the same side, (*b*) vaso-motor, (*c*) sweat, and (*d*) special secreting nerve fibres. A most instructive example of peripheral hemiatrophy—a very rare case, well reported, with deductions ably drawn. *George W. Major.*

Brocq.—*Lesions of the Tongue in certain Cases of Syphilis.* "Journal de Médecine et Chirurgie Pratique," July, 1890.

IN smokers who have had syphilis it is not uncommon to meet with a sensitive, even painful, condition of the tongue, in which the presence of furrows, more or less deep, indicates a condition of sclerosis. Mercury and iodide of potassium only aggravate the malady. Brocq has observed that these conditions of the tongue occur in connection with defective gastric digestion, which must be treated in order to obtain satisfactory results as regards the condition of the tongue, local treatment alone being insufficient. *Joal.*

Merklen.—*Pulsation of the Soft Palate and of the Uvula in Aortic Regurgitation.* "Gazette Hebdomadaire," Feb., 1890.

LAST year Müller reported four cases of aortic insufficiency, in which the patients presented rhythmical pulsation of the soft palate. Merklen has observed the same phenomenon in a man of twenty-one, suffering from disease of the aortic and mitral valves. The pulsation was especially marked in the uvula, where a rhythmical tumefaction synchronous with the radial and carotid pulse was visible. *Joal.*

Bandler (Prag).—*Tonsilla Pendula.* "Prager Med. Woch.," 1890, No. 43.

FROM the left side of the soft palate of a patient twenty-nine years old the author extirpated a pendulous tumour of the size of a nut. Examination showed it to be a supernumerary tonsil. *Michael.*

Cuvilier.—*Treatment of Enlarged Tonsils.* "Bulletin Medicale," Sept. 7, 1890.

THE author, resident assistant at the Lariboisière, where the thesis of Desirè, in favour of tonsillotomy, was written, is also a supporter of this method of treatment. According to him, cauterization should be reserved for such cases as those of hæmophilia. He advocates the removal of the tonsils with the tonsillotome, using one hand only. The bistoury is very difficult to use in the case of struggling children; cauterization is painful, and the operation tedious. Tonsillotomy should never be performed during a period of inflammation, as severe hæmorrhage is likely to ensue. Before the operation the tonsil is painted with a solution of cocaine; afterwards small pieces of ice should be taken into the mouth. *Joal.*

Simanovsky, Nikolai P. (St. Petersburg).—*Case of Leprosy of the Fauces and Larynx.* "Vratch," 1890, No. 38, p. 867.

PROFESSOR SIMANOVSKY describes the condition of the upper air-passages in a case of typical tubercular lepra, referring to a peasant woman, aged thirty-eight, but looking much older. Her nose, upper lip, and the whole vicinity of the oral orifice were studded with leprous tubercles. There was present chronic nasal catarrh with abundant greyish crusts, blocking the nasal passages, the left nasal cavity showing multiple superficial erosions. On the soft palate, at the junction of the anterior arches, there was seen a slightly elevated whitish patch of the size of a pea, surrounded with a reddish diffuse halo. Similar patches were also detected on the right posterior pillar, above the tonsil, as well as on the posterior aspect of the pillar. The epiglottis was thickened along its free edge, while the middle of its posterior surface was occupied by another whitish elevated

patch. The arytenoid cartilages and ventricular bands were considerably thickened and congested, the true vocal cords being also enlarged and of a greyish-red colour. About the middle of the free edge of the right vocal cord there was situated a flat elevation of a greyish-white colour, with a central depression, caused, obviously, by a great loss of substance. A severe chronic laryngeal catarrh was also present. Waldeyer's "fourth tonsil" (at the root of the tongue) was intensely hypertrophied.

Valerius Idelson.

Aronson (Libau).—*Wounds of the Cavum Pharyngeum.* "St. Petersburg Med. Woch.," 1890, No. 36.

THE patient, fifty years old, was wounded by a gunshot. He fell, and blood came from mouth and nose. Twelve hours later he was quite well. The lip was burned, some teeth broken, and the pharyngeal wall lacerated; on its right side a mass could be seen, but the patient denied feeling any foreign body. On examination with a probe a hard metallic body was found situated in the posterior wall. It was extracted with a Langenbeck's hook, and proved to be a piece of iron (part of the gun) of four and a half centimètres' length.

Michael.

Thorner.—*Imaginary Bodies in the Throat.* "New York Med. Journ.," Jan. 25, 1890.

THE cases are divided into three groups:—

1. Where a foreign body has lodged in the throat but has disappeared, and merely leaves the impression that it is still there.

Here laryngoscopy, rhinoscopy, and palpation must be carefully carried out.

2. Where no foreign body ever has lodged, but where there is some pathological condition of the throat which gives rise to the impression.

A long uvula, adenoids, hypertrophy of the lingual tonsil, large tonsils, varicosities in pharynx, etc., give rise to this, and must be appropriately treated.

3. Where neither of the foregoing causes are at work, but indigestion or some neurosis is at the bottom of the trouble.

This must of course be treated.

B. J. Baron.

Clark.—*Hypertrophy of the Lingual Tonsil.* "Boston Med. and Surg. Journ.," Feb. 6, 1890.

THIS is a good paper on this most important subject; the galvano-cautery is recommended most highly, also compound tincture of iodine, tincture of iodine, and chromic acid crystals. In addition to this, local treatment, anæmia, constipation, etc., must be treated.

B. J. Baron.

Vimon.—*Epithelioma of the Œsophagus.* Société Anatomique, June 30, 1890.

M. VIMON saw in the practice of M. Landrieux a cooper, aged sixty-eight, who for three years had complained of pain in the epigastrium, and of dysphagia, increasing in severity. The œsophageal bougie met with a stricture thirty-one centimètres from the dental arch. Inasmuch as the patient presented aneurismal dilatations of the arteries of the superior limbs, M. Landrieux inclined to the diagnosis of aneurism of the aorta

compressing the œsophagus. The patient died of severe hæmatemesis, and it was thought that the autopsy would confirm this diagnosis, but it revealed the presence of an œsophageal epithelioma, which had ulcerated into the aorta. *Joal.*

Gaucher.—*Cancer of the Œsophagus with Dyspnoic Origin.* Soc. Méd. des Hôp., July 20, 1890.

A PATIENT, a man, aged sixty-six, with a history of syphilis, complained at first only of oppression: this was soon followed by attacks of suffocation, sufficiently severe to necessitate tracheotomy. The operation was well supported, but the patient complained a little time after of dysphagia, and at the same time manifested an insupportable distaste to meat, and visibly lost flesh. From these signs, and from the absence of aortic or cardiac lesion, catheterism of the larynx was performed, and a stricture diagnosed 18 centimètres from the teeth.

No instrument could pass this stricture, and the patient died during the month of June from inanition, in spite of rectal alimentation which had been prescribed, and without presenting any signs of asphyxia. The autopsy showed cancer of the œsophagus to be present, which had enveloped both the recurrent laryngeal nerves. No tuberculosis. This observation therefore proves (1) that cancer of the œsophagus, before producing dysphagia and œsophageal stricture, may compress the recurrens, and determine phenomena exclusively laryngeal and necessitating urgent tracheotomy, (2) that tracheotomy in such a case is a palliative operation which may prolong life.

[It also shows the necessity for laryngoscopic examination as a matter of routine, a probably very interesting case having lost half its value for the need of a proper examination of the position of the vocal cords.—ED.]

Joal.

Shendrikovsky, I. I. (Novgorod-Seversk). — *Case of Œsophageal Polypus.* "Meditzinskoïe Obozrenië," 1890, No. 19, p. 615.

THE writer records the following rare instance of œsophageal polypus. The patient, an emaciated peasant lad, nineteen years old, had first experienced the sensation of a foreign body in his pharynx about a year and a half before his coming under the author's observation. In the course of time there supervened ever-increasing difficult swallowing and dyspnœa. When examined he was breathing with open mouth, his head bent to the right, and the face turned to the left. His voice was hoarse, with a nasal twang. Neither palpation of the neck nor an ordinary inspection of the fauces and pharynx could reveal anything abnormal. On certain manipulations, however, the lad managed to demonstrate a rosy globular tumour of the size of a pigeon's egg, which emerged from depth behind his tongue, filling up almost the whole faucial passage. On digital and laryngoscopic examination the swelling proved to be a pear-shaped polypus, attached by means of a short pedicle on the left side at the level of the root of the epiglottis, or just at the junction of the pharyngeal and œsophageal walls, the tumour blocking the lumen of the gullet and pressing on the posterior wall of the larynx (chiefly on the left side). Slightly higher up there was seen another similar new growth of the size

of a large pea. The treatment consisted in removing the larger tumour by means of a wire *écraseur* after a preliminary tracheotomy under cocaine (the latter operation was necessitated by attacks of extreme suffocation, induced in the patient by any touching of the parts). Bleeding was but trifling. Except some febrile movements during the first two days, and some pain on swallowing for five days, the after course was quite satisfactory. The tracheotomy tube was removed on the fifth day. On the eighth the œsophageal wound was found cicatrized, and the other new growth greatly diminished in size. On the fourteenth the lad was discharged quite well. On examination a month after the operation, the small tumour proved to have disappeared, and the tracheotomy wound soundly healed.

The removed tumour weighed twenty grammes, the diameter of its pedicle measuring two centimètres. The new growth consisted of dense fibrous bundles with connective tissue cells, and contained scattered areas of caseous degeneration. *Valerius Idelson.*

Simanovsky, Nikolai P. (St. Petersburg).—*Case of Foreign Body in the Œsophagus—Perforation of the Carotid—Death.* "Vratch," 1890, No. 38, p. 868.

AN elderly gentleman, a retired general, applied to the author on account of hæmoptysis of several days' steadily increasing standing, the expectoration being easy, and the discharge consisting of blood alone. According to the patient's statement, three weeks previously, when eating some *srazy* (a roasted piece of meat, rolled up in the shape of a compact cylinder and stitched together—*lege artis*—with a thread), he had suddenly felt a sharp pain about his throat. Ever since he had been experiencing, on eating, some acute pain on the right side of the neck, slightly below the larynx. A repeated careful examination failed to discover any traces of a foreign body. At the author's suggestion, the gentleman was admitted to Professor D. I. Koshlakoff's clinic, where, on the first night after the admission, the patient was suddenly attacked with an enormous hæmorrhage from his throat, rapidly ending in death. A slightly rusted sewing needle was expectorated during the bleeding. As the necropsy showed, the swallowed foreign body had pierced the right wall of the gullet, just below the thyroid cartilage, and penetrated into the carotid, and lay parallel with the long axis of the vessel, only a small portion of the needle protruding into the œsophageal lumen. In the course of time suppuration set in along the needle track, which led to enlargement of the perforation, etc. *Valerius Idelson.*
