

presented extensive emphysema. At this time the larynx was not invaded. The patient rapidly succumbed. The emphysema was due to efforts at vomiting. *Joal.*

Caillé.—*Membranous Croup (Laryngo-Tracheitis) in a Girl Twelve years of Age—Tracheotomy—Recovery.* "The Med. Rec.," Oct. 12, 1889.

NOTHING new in this paper.

B. J. Baron.

MOUTH, TONGUE, TONSILS, PHARYNX, &c.

Black (Brighton).—(1) *Ulcer Beneath the Left Eyelid, and Another occupying Almost the Whole of the Lower Lip*; (2) *Roient Ulcer of the Cheek*; (3) *Ulcer of the Lower Lip*; (4) *Lupus.* "Brit. Med. Journ.," Oct. 26, 1889. Brighton and Sussex Med. Chir. Soc., Sep. 5, 1889.

(1) This was syphilitic. There was no induration about the sores. The glands in the neck were swollen, hard, and tender. Commencing recovery under iodoform and black wash.

(2) This was of ten years standing.

(3) This was of fifteen to twenty years standing, and had almost healed under resorcin.

(4) This case illustrated the value of treatment by scraping and resorcin. *Hunter Mackenzie.*

Paget, Stephen.—*A Case of Tuberculosis of the Gums and Lip.* "Lancet," Mar. 22, 1890. Med. Society.

THE patient was a woman, aged twenty-six. The disease was first noticed three years ago; it had been scraped, but had since recurred. There were other signs of tubercle present, and there was a family history of phthisis. *R. Norris Wolfenden.*

Rohrer.—*Ptyolite in Wharton's Duct.* "Internat. Klin. Rundschau," No. 2, 1890.

A SWELLING existed, resembling a ranula, together with inflammation under the tongue. The opening of Wharton's duct was filled with a hard, white mass. A ptyolite as large as a nut was extracted, and cure resulted. *Michael.*

Molony, Fitz-James (Porlock, Somerset).—*Obstruction of Wharton's Duct.* "Brit. Med. Jour.," Oct. 26, 1889.

THE cause of obstruction in this case was a fine salivary calculus, forming a cast of the duct. It worked its way out. *Hunter Mackenzie.*

Hayward, John D. (Liverpool).—*Obstruction of Wharton's Duct.* "Brit. Med. Jour.," Oct. 12, 1889.

THE obstruction was caused by the impaction of a fish bone in the duct, unknown to the patient. Great distension of the sub-maxillary gland ensued, and immediately disappeared on the removal of the bone.
Hunter Mackenzie.

Charnley.—*Case of Ramula.* “*Brit. Med. Jour.*,” July 6, 1889. Shropshire and Mid-Wales Branch, B.M.A., June 25, 1889.—(Exhibition of case).
Hunter Mackenzie.

Hutchinson, Jun.—*Salivary Calculus.* “*Brit. Med. Jour.*,” Mar. 22, 1890. THE author showed at the Hunterian Society a small salivary calculus from a woman, aged about thirty-five, who was sent into the hospital as a case of epithelioma of the side of the tongue. There was a hard mass, and as it was in the situation of Wharton’s duct, he thought it might be due to a calculus, and on cutting into it he found it was so. A hard fibrous structure of about half an inch in thickness surrounded the calculus, and the glands in the neck were enlarged.

R. Norris Wolfenden.

H. S.—*Profuse Salivation.* “*Brit. Med. Jour.*,” July 27, 1890.

THE author remarks that profuse salivation often depends upon the presence of carious teeth, and disappears on their removal.

Hunter Mackenzie.

Ménard.—*Ulcerative Membranous Stomatitis in Bleorrhagic Individuals.* “*Annales de Dermatologie*,” Sep., 1889.

THE author relates four cases, showing that bleorrhagic subjects may present an ulcero-membranous stomatitis resembling exactly the classical form of the disorder. It evidently arises from microbic infection, and the author proposes researches to demonstrate the presence of the gonococcus in the blood. The affection occurs almost always in the later stages of the bleorrhagia after manifestation of other infectious complications.

Joal.

Barié.—*On Uræmic Stomatitis.* “*Archives Gén. de Méd.*,” Nov., 1889.

URÆMIA may determine a special affection of the bucco-pharyngeal cavity, which the author terms uræmic stomatitis. Two well defined clinical forms of the disorder exist, pultaceous erythematous, and ulcerative stomatitis. The stomatitis is followed by a grave general condition, the adynamia is profound, and is aggravated by the incessant ptyalism, which in these patients is very abundant. Ulcerative stomatitis is of serious prognosis, the ulcers may extend, leading to considerable loss of substance. Uræmic stomatitis is probably due to elimination of excessive amounts of the urinary poison by the bucco-salivary glands. A previously existing defective condition of the buccal mucosa (bad dentition, abuse of tobacco) favours the appearance of the affection.

Joal.

Schadewaldt.—*Soor of the Mouth.* Laryngologische Gesellschaft zu Berlin, Jan. 10, 1890.

THE author has observed a case where membranes formed upon the

pharynx and epiglottis consecutive to soor of the mouth. Examination proved them to consist of mycosis leptothricia, and he proposed for this disorder the term pseudo-diphtheria.

B. FRAENKEL did not approve of the term proposed. *Michael.*

Larrabie.—*Tumours of the Glands of the Buccal Mucous Membrane.* "Soc. de Chir.," Jan. 15, 1890.

THESE tumours observed in adults develop upon the palatine arches, or vault, and on the internal aspect of the cheeks and lips. Their size varies from that of a bean to a hen's egg, their shape is rounded, and their consistence firm. Their development is slow, and they never present any ulceration of the surface. These tumours have hitherto been regarded simply as hypertrophies of the salivary glands disseminated in the substance of the buccal mucous membrane, and they have been classed with the adenomata. They consist histologically of mixed epithelium. Their innocence is relative, they may submit to carcinomatous degeneration, and be propagated to a distance, and even recur after ablation. It is therefore necessary to thoroughly eradicate them as early as possible.

Joal.

Butlin.—*Two Cases of Glandular Tumour of the Tongue.* Clinical Soc., "Brit. Med. Jour.," Mar. 8, 1890.

THE author gave an account of two female patients who had been under his care on account of a prominent tumour on the back of the tongue, immediately in front of the epiglottis. The tumour, in the first case, was about as large as a hen's egg. It was shelled out, after division of the mucous membrane, with a finger and a scoop. Examination showed it to be a glandular tumour, containing cysts. The removal was not complete. Recurrence took place, but the recurrent tumour did not thrive, but there had been no necessity for a further operation. In the second case the growth was not so large. It was removed with the galvano-cautery, and exhibited the same structure as the tumour in the first case. In this case, again, the removal was not complete, but the patient had been seen lately, several months after the operation, and there appeared no need for further treatment. The author referred to all other cases of the same character which had been found in surgical literature; showed how they had all occurred in females, had, with one exception, precisely the same seat in front of the epiglottis, and presented the same structure. Two points of special interest were commented on. The success of partial operations was illustrated, not only by the present cases, but by a case which was treated by Mr. Rushton Parker more than ten years ago. The origin of the growths was probably, as suggested by Dr. Bernays and Mr. Bland Sutton, fetal. The microscopic structure was not that of the normal glands situated beneath the mucous membrane at the back of the tongue, but resembled very closely that of the thyroid gland.

The PRESIDENT said he had not seen any cases of the kind. They were certainly rare. But it was as well to know that diseases of the kind existed, which might be removed effectually in this way.

Mr. BOWLBY said that the appearance of the tumours themselves, and their microscopical characters, rather negatived the idea that they had to do with the thyroid gland. The cysts in these tumours contained a thin mucoid fluid, not a thick colloid fluid such as was contained by cysts in the thyroid. The tumours also were found microscopically to be composed of tubes lined with columnar epithelium; whereas the tumours which resembled the thyroid contained follicles, not tubes. He thought these tumours were probably derived from the follicular glands at the back of the tongue.

Mr. BUTLIN, in reply, regretted the absence of Mr. George Stoker, as he had pictures of two tumours exactly like those of these cases. He said that the cysts in a large thyroid tumour contained fluid which was so thin that it might be drawn through a cannula; it was not of a colloidal nature.

R. Norris Wolfenden.

Molenes, Paul de.—*Eczema of the Tongue.* “Archives de Laryngologie,” Dec., 1889.

UNDER this title the author includes the affections already described by authors under the name of lingual pityriasis, lingual intertrigo, lichenoid condition of the tongue, geographical tongue, desquamative syphilis of the tongue, marginal exfoliative glossitis, lingual psoriasis. As to etiology, Molenes maintains that just as in general eczema, diathesis plays an important rôle, and affections of the stomach which favour the production of acidity favour its occurrence. Syphilis is also a predisposing cause, but lingual eczema cannot be considered as a manifestation of syphilis, and frequently treatment with mercurials or iodides leads to an exacerbation of the symptoms.

Joal.

Besnier.—*Superficial Eczema of the Tongue.* “Clinique de l’Hôpital St. Louis,” Feb., 1889.

THIS affection is generally called marginal exfoliative glossitis, and offers the following characteristic features:—

1. The tongue is covered with a whitish coating which covers the papillæ, the projection of which is more prominent than usual.
2. At many spots on the superior surface or edges, rosy-red areas are seen, the periphery of which is clearly marked by an edge slightly elevated, and whitish in colour.
3. The sublingual veins are commonly very prominent.
4. There is very slight hyperæsthesia at the region of the red spaces.

According to Besnier this disease is of eczematous nature, the proof of which is the absolutely characteristic alternations of the lingual lesion in the developments of concomitant eczema of the scalp or body. *Joal.*

Blumer.—*Epithelioma of Tongue.* “Brit. Med. Jour.,” Mar. 22, 1890. Brit. Med. Ass., Staffordshire Branch.

THE author related a case of epithelioma of the tongue in a man, aged sixty-four. The disease involved the whole of the right side of the organ, with pus infiltrating the left half. The growth had been rapid, and was caused by the irritation of a jagged tooth. The whole tongue was

removed by scissors from the cavity of the mouth, to facilitate which an incision was carried through the angle of the mouth on the right side, as the tongue was much bound down. Hæmorrhage was arrested by pressure forceps. The man made a rapid recovery, and could articulate sufficiently well to make himself understood. *R. Norris Wolfenden.*

Fourrier.—*Glossitis and Ulcer of the Tongue in a Diabetic.* “Rev. Gén. Thérapeutique et Clinique,” Jan. 23, 1890.

THE case of a diabetic patient whose urine contained thirty grammes of sugar, and who was affected with glossitis and superficial abscess of the tongue, upon which ulceration followed. The author thinks that the condition must be referred to the diabetic state. *Joal.*

Rivière.—*A Case of Patented Polypus of the Tonsil.* “Annales des Mal. du Larynx,” etc., Dec., 1889.

THE pedicle of the polypus was inserted behind the right anterior faucial pillar, projected under the effect of an attack of coughing, and assumed a clubbed shape. Microscopically, the polypus was proved to be composed chiefly of connective tissue. *Joal.*

Vidal.—*Importance of Deep Adenitis in Tonsillar Chancre.* “Clinique de l’Hôpital St. Louis,” Mar., 1889.

TONSILLAR chancres have no clear objective characters. Vidal advises minute exploration of the neighbouring glands. If adenitis of the sternomastoid and sub-maxillary regions is present we may conclude in favour of chancre of the tonsil. This adenopathy is always met with in this condition. *Joal.*

Gray, W. M. (Washington).—*Alveolar Sarcoma of Tonsil.* “Internat. Jour. of the Med. Sciences,” Feb., 1889.

IN this case the tumour commenced as an (apparently) simple swelling of the tonsil, which soon suppurated. Microscopical examination of a fragment showed the structure of an alveolar sarcoma.

Hunter Mackenzie.

Editor, British Medical Journal (London).—*Sarcoma of the Tonsil.* “Brit. Med. Jour.,” July 6, 1889.

AN annotation referring to a paper on the subject by Dr. W. Gray, in the American Journal of the Medical Sciences, February, 1889. The diagnostic difficulty in the early stage, and the rarity of the disease, are specially noted. (A case of this kind is now under observation at the Eye, Ear, and Throat Infirmary of Edinburgh.) *Hunter Mackenzie.*

Meltenheimer.—*On Jacobson’s “Algosis Faucium Diphtheritica.”* “Deutsch. Med. Zeit.,” No. 18, 1890.

THE author describes two cases of mycösis pharyngis in which he found the leptothrix buccalis in portions of the tonsils removed. Both cases were cured by brushing with nitrate of silver. [There is no reason to give to this affection, first described by Heryng and B. Fraenkel, the name of an author who has contributed nothing to its knowledge further than a general report to Volkmann’s Vorträge (Abstractor).] *Michael.*

Dauchez.—*Infectious and Contagious Amygdalitis.* “France Médicale,” Dec. 7, 1889.

THE record of twenty-two cases of angina, with infectious characters, observed in less than six weeks in the same quarter. *Joal.*

Jeanselme.—*On the Posterior Pharynx and Tonsil particularly considered as Places of Entry of Infectious Disorders.* “Gazette des Hôp.,” Jan. 25, 1890.

AN excellent essay, in which the author maintains that many infectious diseases may enter the system by means of the throat. He reviews the facts known as to chancre of the tonsil and tuberculosis of the pharynx, the mode of development of actinomycosis, of diphtheria, gangrenous angina, angina Ludovici, and the connection of the infectious tonsillitis with arthritis, orchitis and ovaritis. *Joal.*

Charnley.—*Lupus of the Eye and Throat.* “Brit. Med. Jour.,” July 6, 1889. Shropshire and Mid-Wales Branch, B.M.A., June 25, 1889.—(Exhibition of case). *Hunter Mackenzie.*

Luc.—*Treatment of Granular Angina.* “Rev. Gén. Thérapeut. et Clinique,” Feb. 5, 1890.

THE author has tried on a number of patients, and has experimented upon himself with the method of treatment advocated by Ruault, which consists in making energetic frictions with tincture of iodine. He reports in favour of the treatment, stating that this method not only causes disappearance of the inequalities of the mucosa in a few sittings, but it modifies them powerfully, exercising a notable curative action on the congestive and catarrhal manifestations. *Joal.*

Fox, Colcott.—*A Case of Stenosis of the Lower Part of the Pharynx, due to Hereditary Syphilis.* Med. Soc., “Lancet,” Mar. 22, 1890.

A GIRL of fourteen years presented a perforation of the soft palate, adhesion of the soft palate to the posterior wall of pharynx, shutting off the naso-pharynx, and a button-hole stenosis of the lower part of the pharynx, about the site of the attachment of the epiglottis. The latter was destroyed, and immediately through the hole were seen the openings of the larynx and œsophagus. The larynx was healthy. The gummatous infiltration began three years ago, when there was coughing up of “phlegm,” and occasionally blood. There were no other signs of hereditary syphilis in the bones, eyes, teeth, or other parts. On admission she had considerable stridor and attacks of crowing inspiration, culminating in cough. All the infiltration had disappeared under iodide of potassium, and she now swallowed and breathed with great ease. Lesions of the lower part of the pharynx and the larynx occurring as a part of so-called late hereditary syphilis were well known, though they were not at all common. The case was interesting on account of the peculiar features of the stenosis, and its site immediately above the origin of the larynx and œsophagus. *R. Norris Wolfenden.*

Le Fort.—*The Therapeutic Indications of Cicatricial and Cancerous Strictures of the Œsophagus.* “Bulletin Thérapeutique,” Jan. 15, 1890.

THE author is strongly averse to gastroto-my. For cancerous strictures he advises the permanent sound, and for cicatricial strictures he recom-mends dilatation. *Joal.*

Terrillon.—*Œsophageal Stricture and Gastroto-my.* Acad. de Médecine, Jan. 21, 1890.

TEN months ago the author performed gastroto-my upon a patient with cicatricial stricture of the œsophagus. Catheterism of the pharynx was impossible before and after the operation. Terrillon could pass a bougie from below upwards and through the fistula. Catheterism then became easy, and the permeability of the œsophagus was completely established. The fistula was then closed, and now the patient can swallow as well as anyone. *Joal.*

Longhurst, Arthur W. (London).—*Impaction of a Splinter of Grouse Bone in the Œsophagus.* "Brit. Med. Jour.," Oct. 5, 1889.

THE bone was successfully removed by the use of the expanding probang. *Hunter Mackenzie.*

NOSE AND NASO-PHARYNX.

Guye (Amsterdam).—*On Aprosexia; being the inability to fix the attention, and other Allied Troubles in the Cerebral Functions caused by Nasal Disorders.* "Brit. Med. Jour.," Sept. 28, 1889.

THE author has found this complaint mostly in young persons, and especially such as were studying hard or preparing for examinations. He considers it of importance in every case of habitual headache and inability to work, with loss of memory, to examine the nose and naso-pharynx for disease, particularly of the obstructive class.

Treatments consist in the removal of the nasal, or naso-pharyngeal obstruction by the usual methods. *Hunter Mackenzie.*

Hill, William (London).—*On some Causes of Backwardness and Stupidity in Children, and the Relief of these Symptoms in some Instances by Naso-Pharyngeal Scarifications.* "Brit. Med. Jour.," Sept. 28, 1889.

THE author's observations confirm those of Dr. Guye (*vide supra*) as to the existence of "aprosexia," especially in children. He considers it not improbable that aprosexia is the outcome of lymphatic and venous stagnation and tension in the structures occupying the anterior part of the cranium from obstructions in the nose and pharynx. He has found in the Earlswood Asylum for Idiots that nearly all the children are mouth-breathers, night-snorers, and the victims of nasal or pharyngeal obstruction. They are all aprosexic. *Hunter Mackenzie.*