advantages being : (1) The trachea may be exposed more freely ; (2) it is opened at a considerable distance from the larynx (which is especially important in diphtheria) ; and (3) granular vegetations develop by far less frequently than in the case of high operation. In simple cases the author removes the cannula on the sixth or eight day after the operation, replacing it with a fenestrated tube ; the latter is removed as soon as the patient becomes able to breathe freely, with its external opening closed for 24—48 hours. Of complications, the following were observed : (1) In 2 cases the diphtheritic process spread to the wound on the second day ; (2) in 1 croupous case profuse tracheal hæmorrhage occurred on the eighth day in consequence of decubitus caused by the cannula ; (3) in 1 case the cannula could not be removed until 14 months after the operation, in consequence of granular vegetations above the wound, necessitating ultimately galvano-cauterisation. All the 4 patients recovered.

Valerius Idelson.

MOUTH, TONGUE, PHARYNX, ŒSOPHAGUS, &c.

Barker.—*Macroglossia.* "Brit. Med. Jour.," Apr. 5, 1890. Path. Soc.

THE author described in detail the condition of a tongue, the greater part of which he had removed from a young child some years ago with complete relief. The diagnosis had been lymphangioma cavernosum, and blue colouring matter was in readiness for injection of the lymph spaces immediately after operation. The tongue presented generally a lumpy papillated surface, the eminences on its surface having almost a translucent appearance, probably due to the presence of the distended lymph spaces underneath the papillary layer. These spaces were found to be quite irregular in shape and distribution in relation to the various components of the tongue. They penetrated everywhere except actually into the epithelial covering of the organ. The muscle bundles were to a certain extent separated by them, and by more or less exudation or lymphoid tissue. In most cases long branched lymphatic vessels extended up between the papillæ. The muscle fibres appeared normal in size, but slightly irregular in arrangement, owing to the new tissue between them. The condition was congenital, but had been greatly exaggerated by acute and sub-acute attacks of glossitis from time to time. There had been no recurrence since operation, and the shape of the tongue was excellent. An examination of the specimen simply confirmed the views expressed by the author of the paper in his article on the *Disease of the Tongue*, in Holmes' "System of Surgery," viz., that macroglossia is, in the majority of cases, due to lymphangiectasis alone, with but little change in the other structures of the organ. *R. Norris Wolfenden.*

Hutchinson, J., Jun.—*Lymphatic Nævus of Tongue.* "Brit. Med. Jour.," April 5, 1890. Path. Soc.

THE author exhibited sections illustrating lymphatic nævus of the tongue

https://doi.org/10.1017/S1755145500148845 Published online by Cambridge University Press

obtained by excision from the dorsum of the tongue of a child. The condition could be recognised during life by the presence, at some point on the dorsum, of a cluster of large papillary processes, which showed here and there distinct vesicles. The latter were translucent, and if pinched allowed of the escape of clear fluid (lymph). They were usually largest close to the surface, and might easily by accident become full of blood. There was a tendency to recurrent attacks of inflammation in the area affected, as in the case of macroglossia, but apparently in lymphatic nævus the muscular substance of the tongue did not contain dilated lymphatics, or only in its most superficial part. On section the spaces were seen to have a distinct wall, presenting endothelial cells, and were often full of lymph coagulum. There was probably new formation as well as dilatation of pre-existing lymphatics in this condition, which was allied to that figured by Mr. Hutchinson, sen., in the "Medico-Chirurgical Transactions," Vol. LXVIII. Specimens of lymphatic nævus obtained from a young man under the care of Mr. Treves were also referred to. In this case the condition had existed as long as he could remember.

Mr. W. J. COLLINS had recently seen a case of lymphatic œdema which was not congenital. It occurred in a young woman, and gave rise to great deformity, as it caused the skin to bulge outwards and the mucous membrane inwards. So a plastic operation was performed. He asked Mr. Hutchinson why he considered that some of his cases were congenital.

Mr. BOWLBY thought that there might be some confusion about these cases, owing to the fact that they were commonly known under the name of nævus of the tongue. They were really lymphangiomata, and it would, he thought, be advisable to drop the term lymphatic nævus altogether. He agreed with Mr. Hutchinson that the majority of the cases were congenital.

Mr. HUTCHINSON agreed that lymphangioma was a more appropriate, although a more clumsy, term. He had used the word "congenital," as the earliest conditions of the disease were almost undoubtedly present from the first, and in one of his cases the patient could remember the presence of an enlarged place on his tongue from his earliest boyhood.

R. Norris Wolfenden.

Sievers, R. (Finland).—*Three Cases of Rumination in Human Beings.* "Finska Läkare Sällskapets Handlingar," May, 1889.

(1.) A NURSE, aged twenty-seven, belonging to a nervous family, had for the last ten years ruminated her food. This anomaly began after a sea voyage, during which she had been very sea sick. The patient suffered from nervous debility, but was otherwise in good health. The rumination ceased entirely after a few months' treatment by dieting and alkalies.

(2.) A clergyman, aged sixty, himself healthy, and of a healthy family, whose father, aged eighty-eight, also ruminated, had, as far back as he could remember, been subject to this peculiarity, which did not cause him any inconvenience. No treatment.

(3.) A Jewish lady, aged thirty, of a very nervous but otherwise healthy family, whose father had been a ruminator, and whose brother was now and then subject to the like abnormity. The patient refused to undergo treatment, as any attempt to stop the ruminations caused her to feel ill.

Holger Mygind.

Goodwillie.—*Cases of Hare-lip and Cleft Palate.* "New York Med. Jour.," March 29, 1890. New York Acad. of Med.

THE author exhibited models of two cases of hare-lip which had occurred in a family of children in which there had been altogether four double hare-lips and one cleft palate. In one of the cases, that of the cleft palate, a great deal of bony hypertrophy and hypertrophied tissue was thrown out, entirely filling the cleft between the hard and soft palates. This it had been necessary to remove before staphylorrhaphy could be performed. It was well in these cases—in which the vomer was absent, its place being taken by hypertrophied tissue or bone—only to leave such amount as would correspond with the vomer, if that were in position. Carving too much material away would produce a nasal resonance to the voice. *R. Norris Wolfenden.*

Thorburn.—*Epithelioma of the Tonsil.* "Brit. Med. Jour.," Apr. 19, 1890. Manchester Med. Soc.

THE author described a case (which was shown at a previous clinical meeting) of epithelioma of the right tonsil and fauces which had spread to the soft palate, mucous membrane of both alveoli, and base of the tongue, and was accompanied by an enlarged gland in the neck. The entire growth was removed by pharyngotomy on December 18th, and a small patch of recurrent growth on the soft palate on January 31st. Since then the patient had remained well. *R. Norris Wolfenden.*

Bernard (Liverpool).—*Case of Syphilitic Phagedæna of Soft Palate and Tonsil.* "Liverpool Med. Chir. Jour.," Jan., 1890.

THE case is described of a young man presenting indurated chancre of the genitals, which disappeared under treatment with two grains of hydrarg. cum cretâ twice a day, and application locally of ung. hydrarg. dil. Six months afterwards the left tonsil was deeply ulcerated, and covered with an ashy-grey slough, and a similar condition of the soft palate of the same side existed, with great pain and difficulty in deglutition. Mercury was discontinued, the parts freely cauterised, and quinine given with nutritious diet. The phagedænic condition increasing, the parts were again cauterised. The phagedæna increased alarmingly. Change of air, one-twentieth grain of hyd. perchlor., with three grains of iodide of potassium twice daily, and gargle of diluted tincture of belladonna and tincture of opium, were given. The parts somewhat improved. The mercury was increased to one-sixteenth grain twice daily, and the parts slowly and gradually became normal, and about six weeks after first coming under treatment the sloughs detached, and cicatrisation came on. The loss of substance after healing was only trifling, and not in proportion to the severity of the earlier symptoms. The author concludes with some

remarks upon the satisfactory result of change of air, and the benefit of mercury at an early stage in small and continuous doses.

R. Norris Wolfenden.

Onodi.—*A Case of Chronic Fibrinous Pharyngitis.* "König. Gesellsch. der Aerzte in Buda-Pesth," Feb. 22, 1890.

CASE shown. *Michael.*

Otto. — *A Congenital Hairy Pharyngeal Polypus.* "Virchow's Archiv.," Band 115, p. 272.

THE author refers to a case of hairy, pharyngeal polypus operated upon by him seventeen hours *post-partum*. He only found three similar observations in literature. The polypi were always pyriform, situated behind the velum, covered with skin and hair. The author regards these neoplasms as rudimentary epignathi. *Michael.*

Lublinski.—*Primary Cancroid of the Pharynx.* "Berliner Med. Gesellsch.," March 12, 1890.

THE author showed a case of cancer of the lower part of the pharynx The existing paralysis of the glottis was very similar to that produced by an affection of the arytenoid cartilage. The author believes that the posterior plate of the cricoid cartilage is a special spot of predilection for carcinoma. *Michael.*

Gerber.—*Pharyngo-Nasal Syphilis.* "Archiv. f. Derm. u Syph.," 1889, xxi. 475.

SUFFICIENT attention to syphilis of the naso-pharynx has not been given by writers, either upon syphilis or diseases of the nose and throat; and that usually such writers describe only those lesions of grave character occurring in syphilis in which the deeper structures are affected. He cites some twenty-five cases of lesions of the naso-pharynx, and says that it is very difficult to give a general description of the malady, as each case is peculiar in itself. As principal symptoms, pain in the throat, difficulty in swallowing, pains in the ears, and defects of hearing may be given. Syphilis of the naso-pharynx may be present without any recognizable alteration in the pharyngo-oral cavity, even without the inflammatory swelling of the velum and the change of colour of its oral surface that have been considered as pathognomonic of syphilis. These occur only with deep ulceration of the nasal surface of the velum. When the mouth and lower pharynx are also affected we have greater difficulty in swallowing solid food, and when perforation of the velum and palate takes place, fluid food gets into the nose, and we hear the nasal voice. The diagnosis of the early stage of naso-pharyngeal syphilis is difficult. The history of the patient can not be depended upon. Long-continued stoppage of the nose, nasal voice, loss of sense of smell, and fœtor, are not diagnostic of syphilis. More or less redness and swelling of the nose, and tenderness of the same, combined with unilateral headache, should awaken the suspicion of syphilis. Cachexia is another suspicious sign. The rhinoscopic examination is most to be depended upon in diagnosis. We find ulcerations specially upon the nasal septum, which not infrequently take the form of a furrow. Their floors, if deep, are

filled with granulations, or covered with disintegrated tissue, through which the probe readily passes to find uncovered cartilage or bone. The mucous membrane of the turbinated bones is swollen, sometimes like polypous masses. Perforation of the septum is met with later in the disease.

Pharyngo-oral syphilis seems to locate itself most frequently upon the velum, and after that upon the posterior wall of the pharynx. The tonsils are less often affected in late than in early syphilis. Pharyngo-nasal syphilis seems, by Gerber's statistics, to occur most frequently between the eighth and fourteenth years after infection, and least frequently between the third and eighth years. Of the 27 cases, nine had never had any anti-syphilitic treatment; only 6 had had thorough inunction treatment; 7 had had a few inunctions, while 5 had had either a few sublimate injections or some potassium iodide. Treatment by local and constitutional anti-syphilitic measures checked the disease.

R. Norris Wolfenden.

Bischof.—*Rare Case of Cancer of the Œsophagus.* "Münch. Med. Woch.," 1890, No. 12.

THE patient, sixty-seven years old, had an unusually large struma, dyspnœa, and difficulty in swallowing. The laryngoscope showed a reddish tumour of the size of a nut, covering the right arytenoid cartilage. The left arytenoid cartilage was œdematous. A great many enlarged glands were present. Death occurred shortly after. The *post-mortem* examination revealed a carcinoma of the œsophagus, suppuration of the thyroid gland, and a tumour situated on the arytenoid cartilage, without having any communication with the carcinoma. *Michael.*

Moore, Norman (London).—*Carcinoma of Œsophagus.* "Brit. Med. Jour.," Nov. 23, 1889. Path. Soc. of London, Nov. 19 1889.

EXHIBITION of specimen showing spheroidal cells in dense stroma, originating in the mucous glands, which involved the lower inch and a half of the œsophagus, causing a dense stricture. The patient was a woman, aged fifty-eight. The author remarked that carcinoma of the œsophagus was very rare in women, and another remarkable feature was that distinct symptoms had existed for sixteen months.

Mr. ROGER WILLIAMS objected to the author's description of the microscopical appearances. He considered that the alveolar spaces were lined with cubical and not with spheroidal cells. If this was so, it was one of the most rapidly fatal of all the forms of new growth.

Hunter Mackenzie.

Collins.—*Cancer of Œsophagus eroding Trachea.*—"Brit. Med. Jour.," Apr. 5, 1890.

THE author gave the following account of a specimen of this nature, which he showed: The patient, aged fifty, was admitted into the London Temperance Hospital on October 23rd, 1888. For two months he had suffered with dysphonia and cough with dysphagia, and had lost 21lbs. in weight. On admission, his weight was 8st. 5lb. He was emaciated, aphonic, with a persistent cough, and with mucous but not sanious expec-

toration. The respirations were strident and his breath was foul. On trying to swallow, fluids were returned. The dysphagia was urgent. The vocal cords would not approximate. On October 30th rubber quarter-inch tubing to the length of twenty-two inches and a half was passed down the œsophagus and left in until the next day, when it was removed, as it became blocked. On November 2nd an œsophageal bougie was passed, but was arrested thirteen inches from the teeth. A catheter was then passed the same distance, and, on its being withdrawn, air escaped. On November 6th a catheter was passed to twenty inches from the teeth; this passed the tracheal fistula, and the patient had milk through it. The patient died on November 8th. At the *post-mortem* examination the ulceration was found to begin two inches below the cricoid cartilage, and extended for two inches; there was little, if any, constriction. The trachea had been opened by the ulceration, and there was an opening one inch by three quarters. The rings stuck out like the ribs of an old wreck. The mediastinal glands were infiltrated, but there were no metastatic deposits.

The PRESIDENT asked if food had returned through the trachea, or if the expectoration had been thickened.

Mr. ROGER WILLIAMS asked what the duration of life had been after the onset of symptoms. This was, he said, a point of some importance, as it had been stated that the duration of these glandular carcinomata was much longer than that of the ordinary epitheliomata of the œsophagus, in which the course was very rapid.

Dr. VOELCKER asked Mr. Collins if he had any explanation to give as to the presence of the growth at the point where it was. It was generally stated that carcinoma of the œsophagus occurred commonly in three positions, namely, in the upper, middle, and lower portions. It had been his fortune to see six *post-mortem* examinations of cases of this disease within a short period. In four of these the cancer was exactly opposite the bifurcation of the trachea, and at the time he had been struck with this, and thought that it might have had something to do with the exact position of the cancer.

Mr. COLLINS replied, in answer to the President, that there had been no evidence of any return of food through the trachea. Though food material had undoubtedly reached the lungs by this channel, the expectoration had not thickened. In answer to Mr. Roger Williams, he said death had occurred within four months of the first onset of symptoms, so the case was undoubtedly a very rapid one. As to the cause for the position of the growth, he said that he had no explanation to offer.

R. Norris Wolfenden.

https://doi.org/10.1017/S1755145500148845 Published online by Cambridge University Press