

to real motor aphasia, because regurgitation of fluids came on previously without loss of speech.

Of all the cases cited, hæmorrhage probably occurred in seven and embolism in ten. In all the others diagnosis was doubtful. *Barclay J. Baron.*

Thomas.—*Streptococcis—General Infection. Infectious Suppurative Median Otitis—Death.* “*Rev. de Laryng.*,” Oct. 1, 1895.

A CASE is recorded in detail, of which the author regards the following points as interesting. The *début* was marked by general infection, manifested in painful enlargement of the right and left submaxillary glands; acute suppurative middle otitis on the third day, confirming the fourteenth conclusion of Blaxhall's communication read at the Congress of Lyons, 1894—namely, that in young infants (especially when there is otitic suppuration) moans and cries on movement, on raising it, laying down or rocking, or whenever the head is not upright, ought to make us think of painful stiffness of the muscular masses which move the head, and cause us to examine the ears. When otorrhœa is already recognized these crises point to an extension of the disease, and announce meningeal complications, even before epileptiform convulsions, delirium, and coma. If there is dysphagia, we must think of the possibility of a retropharyngeal abscess, consecutive to the aural region. The aural pus was found to contain streptococci and staphylococci, the former being most abundant. The illness began with slight left tonsillitis, purulent discharge from the left ear, enlargement of submaxillary and cervical glands, polymorphous scarlatinal erythema, diphtheritic stools, stomatitis and abscesses of the gums, submental phlegmon, and retropharyngeal abscess. The infant (only eighteen months of age) showed a remarkable resistance in resisting for forty-one days such an extensive infection. *R. Norris Wolfenden.*

Wood, G. E. C.—*Method for Rapidly Producing Diphtheria Antitoxins.* “*Lancet*,” April 11, 1896.

DESCRIPTION of a method by which powerful antitoxins can be produced without risk in a much shorter period of time than has been previously possible. Hence the amount necessary to be injected into a patient can be greatly reduced, and the greater strength of the serum will permit of a patient receiving at the beginning of treatment a sufficient quantity of the serum at one injection, when, as is universally recognized both by animal experiments and clinical experience, its curative action is exerted most markedly. *StClair Thomson.*

MOUTH AND PHARYNX.

Arslan (Padua).—*Tumours of the Tonsils.* “*Bollet. delle Mal. dell' Orecchi, etc.*,” April, 1896.

THE author, prior to describing four cases of his own, surveys the entire literature on this subject, and collects, in all, one hundred and ten cases of tumours of the tonsils. In these, syphilomata, and, secondly, sarcoma, preponderate in number. The sex is specified in but fifty-five of the recorded cases, and of these thirty-five are males. The abuse of tobacco and alcohol seems to predispose to the development of malignant tumours of the tonsils. Age seems to assert a certain influence, the majority of the cases occurring between the fortieth and sixtieth year:

but a few cases have been observed prior to the twentieth year. Microscopic examination is, as yet, the only certain means of establishing a correct diagnosis of the type and nature of the tumour. The author describes *in extenso* the four cases of tumours that came under his observation: the first, an enormous angiosarcoma involving the right tonsil; the second, a case of carcinoma of the left tonsil; the third, angioma of the right tonsil; and, last, papilloma of the right tonsil. Subjoined, the author gives the entire modern bibliography on the subject.

Jefferson Bettman.

Beausoleil.—*Acute Inflammation of the Lingual Tonsil.* “*Rev. de Laryng.*,” Dec. 1, 1895.

THIS is most frequently met with in people who have more or less hypertrophy of this structure. The onset is sudden, with cephalgia, shivering, fever, pain on deglutition, often localized below the seat of the lesion, sometimes at the sternal fourth-vertebra or radiating towards the ears. This pain is almost pathognomic; if there is abscess there may also be œdema of the epiglottis. The laryngoscopic mirror must be used, as simple inspection of the throat will often reveal the tonsils and neighbouring parts to be normal, or nearly so. The lingual tonsil is covered with white exudation, and very painful to touch; the disease lasts between six and ten days, and ends in suppuration. Abscesses must be opened, and subsequently the hypertrophied tissue may be reduced by iodine applications, with trichloroacetic acid, or with resorcin. If these do not suffice the galvano-cautery knife will be necessary.

R. Norris Wolfenden.

Chappell, W. F.—*Three Cases of Xerostoma, or Dry Mouth.* “*New York Med. Journ.*,” Feb. 29, 1896.

1. PATIENT, aged forty, complained of dryness of nose, eyes, mouth, and respiratory tract. The attacks were temporary, and had been present, off and on, for eight years. Four years later frequency of micturition set in, and the parotid gland-commenced to enlarge; though not usually tender, they were liable to sudden and painful swellings. The dryness extended to the mouth, tongue, pharynx, and larynx. Her teeth had all decayed. The mucosa and conjunctiva were dry, and the former atrophic. She died ten months after her first visit, from paralysis.

Cases 2 and 3 are similar, the latter having a history of sudden onset caused by a nervous shock.

R. Lake.

Ficano.—*A Case of Angina of Ludwig.* “*Atti delle R. Accad. delle Scienze Med.*,” 1895.

THE author treats, in general, of the history, symptomatology, and treatment of this affection, and adds a case that lately came under his observation. It occurred in a priest, aged fifty-two, who, refusing to submit himself to any surgical interference, suddenly succumbed five days after the onset of the disease. No autopsy having been performed, it is difficult to arrive at the exact cause of death. However, in all probability, owing to a forcible act of defecation, the abscess ruptured, the pus penetrated into the respiratory tract, producing asphyxia. In conclusion, the author dwells upon the necessity of early surgical interference as the only means of saving the patient.

Jefferson Bettman.

Ficano.—*Tertiary Syphilitic Follicular Pharyngitis.* “*Gazz. degli Ospedali e delle Clin.*,” 1895, No. 10.

OWING to difficulty in diagnosis, the author maintains that this affection is often confounded with scrofulous angina, malignant ulcerative angina of Fougère, ulcerative scrofulous sore throat of Bazin, etc. He agrees with Bosworth, that many of these

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so-called serofulous affections are of syphilitic origin, and are best treated with mercurial remedies. The author then describes five cases, and dwells upon the differential diagnosis between this affection and tubercular ulcerations, lupus, and epithelioma of pharynx. Pathologically, the condition presents two phases—one of infiltration, the other ulceration. Specific treatment is most efficacious.

Jefferson Bettman.

Fournier (Paris).—*Syphilitic Infection of and by Medical Men.* “Med. Age,” March 10, 1896.

THE above contains some points of interest to the laryngologist. A case is recorded of a medical man who contracted syphilis through a patient expectorating in his face while an application to the throat was being made. Instances are also given of infection carried by tongue depressors, Eustachian catheters, and pencils of nitrate of silver. The use of the last mentioned is now forbidden in the French hospital service.

Middlemass Hunt.

Gouguenheim and Ripault.—*Contribution to the Study of Benign Tumours of the Arch of the Palate.* “Ann. des Mal. de l’Oreille,” Jan., 1896.

THE authors relate in detail a case of myxo-sarcoma of the superior face of the arch of the palate, occurring in a patient forty-four years of age, and operated on by Bosworth’s snare. There was no subsequent recurrence.

R. Norris Wolfenden.

Morrow, W. S.—*Parotitis in Pelvic Disease.* “Montreal Med. Journ.,” March, 1896.

THE author relates three cases of parotitis—one associated with pelvic peritonitis, two with cessation of menstruation due to the catching of chill during the period. He reviews Stephen Paget’s work, and adduces arguments in favour of the reflex nervous origin of these cases.

Ernest Waggett.

Riesman, David (Philadelphia).—*Xerostomia (Dry Mouth); with the Report of a Case.* “Philadelphia Polyclinic,” March 7, 1896.

THIS disease, due to the suppression of the salivary secretion, was described by Jonathan Hutchinson some years ago. The author gives the notes of some of the cases which have been published. The particulars of the case which came under his observation were as follows:—The patient, a woman, aged thirty-eight, complained of frontal and occipital headache, constipation, and abdominal cramps, with a dry, pasty feeling in the mouth and throat and a burning pain in the tongue. There was also a burning sensation along the course of the inferior maxillary nerve. On examination the tongue was red, bare, and beefy, studded with petechial hemorrhages on the under surface. Treatment failed to give any relief.

St George Reid.

Rosenberg.—*Some Remarks on Pharyngeal Tuberculosis.* “Rev. de Laryng.,” Nov. 15, 1895.

THE author has found this condition in twenty-two cases out of twenty-two thousand patients seen at his polyclinic—forty times less frequently than laryngeal tuberculosis. It is more frequent in the male than female sex (sixteen to six). He does not agree with Volkmann’s observation that it occurs seldom except in young people, having found it occur six times between thirty-five and forty, and four times between forty and forty-six. It is most frequent in the poorer classes. It does not appear to be hereditary. Infection is nearly always secondary.

The author has only seen it three times primary in the pharynx. Diffuse infiltration of the mucous membrane is rarer than tubercles, discrete or confluent, or ulcerations. The tonsils are oftener the original point of development than is generally admitted, as is proved by Strassmann's and Domoehowski's observations. The base of the tongue, though apparently unaffected, is often found to be so microscopically. The same applies to the adenoid tissue generally in the nasal pharynx. The process is generally arrested clearly at the œsophagus.

The miliary form is generally more common in the pharynx than diffuse tuberculosis. Tubercular tumours are scarcely ever met with in the pharynx. While the process is cured spontaneously sometimes in the larynx with the formation of adhesions, this never occurs in the pharynx, in spite of the assertion of Volkmann that cicatricial retractions of the pharynx and certain naso-pharyngeal stenoses are more commonly due to tuberculosis than syphilis. The author devotes some space to consideration of the diagnosis, the only real difficulty being occasionally a differentiation from lupus, especially when the latter occurs without skin affection. As to treatment, while the disease is almost universally rapidly fatal, the author cites the case of a young woman who was cured after repeated cauterizations of the superficial ulcerations of the anterior pillars with chromic acid. The author knows no better treatment than curettage and cauterization combined with hygienic treatment and local sedatives.

R. Norris Wolfenden.

Wade, Sir Willoughby.—*Remarks on Tonsillitis as a Factor in Rheumatic Fever.* "Brit. Med. Journ.," April 4, 1896.

THE arguments embodied in this important article require to be read in full. The main conclusion arrived at is the strong probability that "there is a special rheumatic bacillus, or bacilli"; and, further, that this special bacillus may or may not be associated with those of tonsillitis. A point of practical interest is established by the fact that in many cases of rheumatic fever said to follow a cured tonsillitis after some interval of time, the throat is found to be in a catarrhal condition, and the author urges the necessity of antiseptic treatment of the throat in all cases of rheumatism where there is the slightest local trouble.

Ernest Waggett.

NOSE AND NASO-PHARYNX, &C.

Belfanti and Della Vedova.—*Upon the Etiology and Cure of Ozæna.* "Gazz. Med. di Torino," April 2, 1896.

IN a paper read before the Royal Medical Society of Turin the authors claim that ozæna is caused by an attenuated type of diphtheria bacillus, and not by the bacillus mucosus ozænae. To render their views practicable they instituted the antidiphtheritic serum treatment, and in half the cases produced the disappearance of the factor, turgescence of the mucous membrane, and a fluid consistency of the nasal secretion. However, many injections, in one case repeated thirty times, are necessary. In the discussion which followed, Prof. Bozzolo claimed to have produced benefit in two cases thus treated. Prof. Gradenigo adopted the treatment in fourteen cases, however, without any appreciable benefit.

Jefferson Bettman.

Didsbury.—*A Case of Pharyngeal Actinomyces.* "Rev. de Laryng.," Oct. 15, 1895.

A GIRL of fifteen presented white patches on the tonsils, springing from the crypts, and they occurred also on the posterior pharyngeal wall. Microscopically they