treatment, seeing that it has never afforded appreciable results, and relies on local methods grounded on all those means which destroy, mechanically or chemically, the lupus elements; among which he prefers the method of interstitial cauterization with the galvano-cautery, and sometimes the thermo-cautery. He does not overlook, however, disinfection of the nasal fossæ. The conclusions which close the article repeat, although with some pretension, its principal points.

The ages of his five patients are scarcely mentioned by the author, while the special form, the locality, and intensity of the lupoid process are not described. The reader would rather have nasal lupus presented to him as seen in the patients, than an abstract account of the pathological history, which, moreover, was already sufficiently understood. MASSEI.

TONSILS, PHARYNX, &c.

BOTTINI.—Tonsillotomy and Two Cases of Malignant Tumours of the Tonsils. *Gaz. degli Osp.*, An. VII.—43. MASSEI.

LABORDERIE,[1] DUBOUSQUET.—Infectious Amygdalitis. (Des Amygdalites Infectieuses.) *Congrès de Nancy*, 1886.

A PATIENT, enfeebled from any cause, is seized with sore throat, shivering, fever, prostration, headache, &c.; swelling of the throat, pain on deglutition; the ganglia of the neck are swollen and painful; the urine is albuminous, and contains bacteria. The treatment should be antiseptic, especially using quinine and resorcin. An emetic is useful at the commencement, and tonics during the course of the disease. Hypertrophied tonsils are to be removed as a preventive against future attacks. JOAL.

GIMENER, VALERA Y.—Angina Parenquimatosa Crónica. Tratimiento con el Termocauterio-Curacion. (Chronic Phlegmonous Sore Throat. Treatment with the Thermocautery Cure.) *Revista de Laringol. Otol. y Rhinologia. October*, 1886.

THE title explains Gimener's case.

RAMON DE LA SOTA Y LASTRA.

SPENCER, H. R. (London).**—Pharyngeal and Laryngeal Nystagmus.** *Lancet, October* 9, 1886.

IN a girl of twelve, with cerebral tumour and ocular nystagmus, the author observed constant rhythmical movements of the superior pharyngeal constrictor, the soft palate and fauces not being affected.

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The movements were of the same rate as the ocular nystagmus, *i.e.* 180 a minute. The laryngeal muscles are similarly affected, the arytenoids gliding to and fro, synchronously with the pharynx. Widening of the glottis during inspiration is interrupted by slight twitches, and when breathing stops the cords close with five or six contractions until they lie parallel and close to each other. Here they remain, with only slight tremor, until the patient commences to breathe again. The observation is new.

SOMMERBRODT (Breslau).—**Ueber im Pharynx Localisirte Hydrargyrose. (Localised Hydrargyrosis of the Pharynx.)** *Berlin Klin. Woch.*, No. 47, 1886.

SCHUMACHER has observed in the pharynx of patients undergoing mercurial inunction changes which he attributed to the drug, even when stomatitis and affections of the gums were absent. He differentiated an acute and chronic form. Sommerbrodt relates the case of a professional engaged in the practice of inunction, and not himself syphilitic, who for eight days had suffered from pains in the neck on swallowing. There was no swelling of the mouth, fœtor, or salivation, but the frenulum epiglottidis, right margin of the epiglottis, and right glosso-epiglottidean fold, were swollen and reddened, with small, round, oval, superficial, white and sharply-defined ulcers on their surface. The mucous membrane extending from the epiglottis to the pharynx was also reddened, and on the lowest portion of the hind wall of the pharynx was a large number of white round plaques, resembling aphthæ, the surrounding mucous membrane being reddened. The larynx was unaffected. Schumacher had seldom seen this condition of the lower part of the pharynx in his patients. It is at this spot that the saliva accumulates. This condition should be found in persons working in mercury, such as mirror-silverers, &c.

NYKAMP (Leiden).—**Pharyngo-Mycosis Leptothricia.** *Nederlandsch Tydschrift voor Geneeskunde*, 1886, *p.* 406.

CASEOUS matter, containing leptothrix, is often found in the crypts of the tonsils. The two cases described by the author are rather remarkable. In the first, greyish spots were found on the tonsils, the pharynx, and in the membrana interarytænoidea, and a slight paresis of the left vocal cord was produced. After treatment, partly galvano-caustic, and partly by painting with 10 per cent. chinoline solution, the patches disappeared totally. In the second case a grey spot on the posterior side of the epiglottis was found occasionally, in a medical student practising laryngoscopy. Greyish patches, consisting of leptothrix, were found between the papillæ circumvallatæ

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on the back of the tongue and on the epiglottis, without anything on the tonsils or pharynx. The patient did not complain of anything.

GUYE.

ARIZA, RAFAEL.—Acute Tubercular Pharyngitis. (Faringitis Tuberculosa Aguda.) *Revista de Medicina y Cirugia Prácticas. December*, 1886.

ARIZA refers to the case of a young physician, delicate, aphonic, and suffering from the greatest odynphagia. Several small red outgrowths, springing from an ulcerated base, were located on the anterior pillars of the fauces, while in the pharynx were two or three whitish granules of the size of a pin's head, and another on the base of the uvula. None of these granulations had the characteristic yellow colour. The patient had experienced three attacks of "sore-throat" within a few months, but described himself as having been perfectly well since the last. Ariza diagnosed acute tubercular pharyngitis, though the appearances were not typical of this condition as described by Isambert and others. Tubercule-bacilli of recent origin were abundant. Ariza infers from this case, that (1) acute miliary pharyngitis is rare; (2) the course of the complaint, described as continuous and ending in death, can have exceptions; (3) the possibility that the appearance in different localities of the lesions may not correspond in point of time to the classical descriptions which have been given; (4) it is curable.

RAMON DE LA SOTA Y LASTRA.

FOX, LONG (Bristol).—**Case of Dysphagia accompanied by Ascites.** *British Medical Journal, January* 15, 1887.

A CLERGYMAN, aged thirty-five, was said to have had symptoms suggesting gastric ulcer, not, however, severe. During convalescence sudden dysphagia supervened, without hæmorrhage or vomiting of mucus. He could take plenty of liquid food, allowing long intervals between swallowing. An obstruction in the œsophagus being met with, and the patient being further much emaciated and also sallow-complexioned, a physician who saw him in the spring diagnosed cancer of the œsophagus. In the summer of the same year he began to have fluid in the abdomen, soon followed by some anasarca of the lower extremities, without albuminuria, or any tangible change in the liver itself. On December 1, a half-gallon of fluid was evacuated from the abdomen, and from this time the ascites gradually diminished. Ability to swallow solids returned, slowly at first, but was eventually completely re-established. The patient also recovered general health. Against the diagnosis of malignant disease were:—1st, the sudden onset of dysphagia; 2nd, the absence of blood

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and mucus from the œsophagus; 3rd, the absence of pain when the œsophagus was distended with large quantities of fluid; 4th, the co-existence of ascites, showing that the pressure on the œsophagus was from without that organ, in the face of the fact that cancerous glands in the mediastinum are very rare, except as secondary to cancer elsewhere; 5th, the good result was largely due, probably, to the administration of iodide of potassium. There could be no reason to suspect syphilis in this case. It is thought by Dr. Fox that an enlarged gland pressed upon the gullet, and also upon an important channel for conducting the blood from the lower extremities to the heart, *i.e.*, the inferior vena cava.

JACOBI (New York).—**Multiple Strictures of the Œsophagus: Gastrostomy.** *New York Medical Record, July* 31, 1886.

A LABOURER swallowed spirits of ammonia; dysphagia resulted. Nine months afterwards the smallest bougies could not be passed into the stomach. Gastrostomy was performed, and the patient died of exhaustion after the operation. Three strictures were found post mortem at varying distances, and below the first stricture a sub-mucous pouch. Below the second stricture, and five centimètres above the lowest stricture, were found two openings leading into a long suppurating cavity which passed behind the last constriction and opened into the stomach below it. The case illustrated the danger of using œsophageal bougies, however carefully. Dr. Jacobi further illustrated this point by the relation of a case where a bougie had been passed daily on a baby, and though it appeared to be doing perfectly well, and swallowed whisky and milk, it suddenly developed pleurisy and died. It was found post mortem that the bougie had broken through the mucous membrane, leaving a fistula, which increased in size, and finally perforated into the right pleural cavity, setting up intense pleurisy.

BERNS (Amsterdam).—**Two Cases of Œsophagotomy for the removal of Artificial Teeth.** *Nederlandsch Tydschrift voor Geneeskunde, December* 4, 1886.

BOTH cases were very successful. In the first, a man, aged thirty-five, had swallowed, while asleep, a set of two artificial teeth. Great tenderness about the cricoid cartilage. The operation was performed on the same day, and in a fortnight the patient left in perfect health. In the second case, a young lady, aged nineteen, had swallowed, in a hysterico-epileptic fit, a plate containing three teeth, and having a rather sharp ring which had fitted over another tooth. Owing to the irregular form of the foreign body, the extraction caused a little

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more laceration of the œsophagus than in the preceding case, and there was for some time a consecutive abscess, which finally was quite cured. The author finds the mortality in 42 cases which he found recorded amounting to 10, *i.e.*, 23·8 per cent. His opinion is, that this high mortality is not the result of the danger inherent to the operation, nor even to the length of time during which the foreign body has remained in the œsophagus, but that it is more probably due to the injury done to the œsophagus by the sharp and irregular form of the foreign body, especially when efforts at extraction have been continued for some time. He accordingly advises great prudence in this respect, and to operate as soon as possible.

GUYE.

LARYNX.

KOCH, PAUL.—Influence of the Laryngoscope on the Diagnosis of Extra-Laryngeal Affections. (Influence du Laryngoscope sur le Diagnostic des Affections Extra-Laryngiennes.) *Read before the French Association for the Advancement of Science, Nancy*, 1886.

THE author opens his address by reminding his hearers that rational therapeusis depends upon diagnosis, and that the number of symptoms necessarily increases with our means of investigation. While admitting that the treatment of laryngeal affections belongs to the specialist, he proceeds to point out how the laryngeal mirror renders great service in the diagnosis of general maladies. After referring to phthisis, Dr. Koch asserts that laryngeal ulceration is much more frequent in typhoid fever than is generally supposed, and that the diagnosis of it, as distinguished from purely nervous troubles, is of the highest importance. After reviewing in this connection such diseases as syphilis, small-pox, erysipelas, &c., the author passes on to acute articular rheumatism. Here the crico-arytenoid articulations are only exceptionally affected; but a laryngeal dyspnœa is explained by the discovery of round, painful swellings over the arytenoid cartilages. Next he reviews the various cervical and thoracic affections which may cause pressure on the recurrent laryngeal nerves. Passing on to the consideration of nervous affections he adverts to the frequency of laryngeal neuroses in locomotor ataxy, and refers to cases where the laryngoscope was the means of initiating a correct diagnosis. Finally, the author reviews hysterical affections; he asserts that they can be explained only on the assumption of cortical motor centres, and that they appear to confirm the

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