system of inhalations above all others. They act slowly, but so much the more efficaciously, and are not unpleasant for the patients.

To poor people the use of simple steam may be prescribed for the object aimed at, but beyond those special conditions I would much rather recommend the use of an inhaling apparatus, by means of which not the steam but the liquid solution itself, finely pulverized, is aspired into the air passages.

The composition of the solution may be varied according to particular circumstances. For my own part I derived much benefit from the use of thymol, but I consider the penetration of whatever pulverised solution into the trachea as the chief point of the method, and firmly believe that regularity and perseverance in the performance of the treatment are far more important than the chemical composition of the adopted solution.

CLINICAL NOTES.

By B. TAUBER, M.D. (Denver, Colo.).

Tuberculosis of the Pharynx.[1]

OUT of a total of 6500 laryngeal and pharyngeal patients, 13 cases of the above disease came under my care for treatment—namely 6 from Ohio, 2 from Kentucky, 2 from Indiana, 1 from Illinois, 1 from New York, and 1 from Colorado, an average of 2 in each 1000 of cases.

This subject has been discussed by Isambert, Fraenkel, and others. Tuberculosis of the pharynx generally presents itself as a complication, either of tuberculosis of the lungs, larynx, or of both, rarely preceding them. Twelve cases were secondary manifestations of tuberculosis of the lungs and larynx, and in *one case* it appeared to be *primary*, as on close examination of both lungs I could not detect pulmonary consolidation or softening.

The etiology of tubercular pharyngitis is the same as that of phthisis pulmonalis, and is referred to heredity, the depression of vital powers, breathing of impure air, a residence in a moist and cold climate, or insufficient nutriment. Males are more predisposed to it than females, and this may be due to the greater degree of exposure the former are subjected to. As regards age, the majority were between 20 and 32 years of age.

Pharyngoscopically we observe greyish and shallow-looking ulcers on the anterior folds of the pharynx and soft palate, spreading to the roof of the mouth, to the posterior wall, the velum palati, and to the tonsils, and at an advanced stage also on the epiglottis and larynx, and if the latter are implicated, in most cases the disease also spreads to the upper part of the larynx. These greyish granulations are lenticular in shape; rapidly they disintegrate, become yellowish in colour, and cause necrosis of the mucous membrane; at the same time the cervical glands become enlarged. As the disease progresses the granulations become confluent, and are gene-

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rally grouped in patches of irregular configuration, they increase in number, and are transformed into cheesy nodules covered with purulent matter.

The cardinal symptoms are dysphagia, and the great pain usually extends to both ears; the patient is also greatly annoyed with accumulation of mucus, which he is unable to expectorate. The minor symptoms are cough, hectic and progressive debility.

The pulmonary symptoms manifest themselves generally at an advanced stage of the lesion of the throat, and finally death ensues from exhaustion. The ulcerative process extends very rapidly, generally six or eight weeks, and creates enough local disturbance to render alimentation by the mouth impossible, especially if the soft palate is affected. Liquids are then forced into the nose.

From four to six months of a mere existence is generally allotted to the patient, while in the majority death occurs in from six to twelve weeks after the first local manifestation of symptoms in the pharynx.

We may confound this disease with scrofulous and syphilitic pharyngitis. The history of the individual case, and the fact that the *pharyngeal symptoms attract the patient's first attention*, are very valuable hints to take into consideration; further the lenticular ulcers with the development of grey nodules are very characteristic diagnostic signs.

The results, rather *benefits*, local and constitutional, are very unsatisfactory. The only palliative local remedy we can employ is to spray the pharynx and surrounding parts with a 10 per cent. or 20 per cent. solution of cocaine, several times a day, having cleansed the pharynx previously with an alkaline solution. The patient is afterwards very soon enabled to take nourishment with little inconvenience in swallowing.

We all know that the effects of cocaine are of short duration, in such cases long enough for our purpose to let the patient take his meals. I also insufflate the pharynx and surrounding parts with morphine and iodol twice a day, morning and evening, to keep the patient comfortable during the day and night. When deglutition becomes impossible, we must feed the patient by the rectum, or by means of a feeding bottle.

Twelve cases were treated during the last stage of the disease, and died in from ten to fourteen weeks, the one primary case succumbed after six months, and the autopsy and microscopical examination confirmed the diagnosis. In conclusion, I call the attention of the profession in making laryngoscopic examinations, also to give great importance to the condition of the pharynx. By detecting such a condition in time, we may be enabled to prolong the patient's life by treating the pharynx energetically. For this purpose I recommend lactic acid, chromic acid, thymol, and the galvano-cautery, having previously and afterwards applied a 10 per cent. or 20 per cent. solution of cocaine to the parts.

Enlargements of the Submaxillary and Cervical Glands in the Neck.

A YOUNG lady (blonde) twenty years old, and of strumous diathesis, had been affected with enlarged glands in the neck from childhood. Local and constitutional remedies were given to counteract the strumous taint, still the glandular enlargement did not yield to treatment. This case

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was referred to me by the eminent surgeon, the late Professor Mussey, of Cincinnati, Ohio, and I suggested the application of electrolysis. The patient and her adviser consented to the proposed mode of treatment.

On examining the pharynx nothing abnormal was seen, except a chronic hypertrophy of both tonsils. Laryngoscopically, the entire larynx appeared to be normal in every respect.

In order to reduce the glandular swelling I used a 20-cell galvanic battery, attaching to it two gold needles, and, introducing on each side of the neck (having previously anæsthezised the parts with an ether spray) one positive and one negative needle, I allowed both to remain *in situ* for five minutes at a sitting. Once a week I introduced the needles to the various parts of the neck, and after twenty-two sittings I was highly gratified with the excellent results obtained ; all the enlarged glands were absorbed, and became normal, and the entrance of the needles only left a slight mark. I report this case after a lapse of twelve years. Two years ago I examined the patient, and could not detect a trace of recurrence ; she, moreover, enjoys the best of health.

Angioma of the Epiglottis.

A MERCHANT, forty-two years old, complained for several years of impediment in deglutition, defect in speech and articulation, with shortness of breath, and an excessive discharge from the throat and nares, otherwise his general health seemed to be good. Living in the rural districts of Kentucky he was treated for two years for a catarrhal affection with no good results.

On depressing the tongue I could see on the dorsal surface of the epiglottis a smooth, shining, bluish-red growth, and on a laryngoscopic examination (which was very difficult to make on account of the presence of the neoplasm), I noticed the entire dorsal part of the epiglottis covered with the growth, which measured one and a quarter inches in length and one inch in width, overlapping the epiglottis anteriorly. The interior of the larynx was not implicated to a great extent, there being a chronic laryngitis present, which, however, was of minor importance.

To remove this growth the galvano-cautery loop would suggest itself to be the proper instrument to select. The position of the growth, especially anteriorly, was such that it was very difficult to encircle the entire growth in the loop. I concluded to employ the largest size of Mathieu's tonsillotome and cut it off in one movement, and to burn the residue, if any, with the galvano-cautery. This was done with little pain to the patient, the hæmorrhage was very slight and the cut-surface looked very smooth and even in every part where the growth was attached, so that after-treatment was hardly necessary. The patient left for home a few days after the operation, and all the above-mentioned symptoms disappeared *in toto*. On microscopical examination it proved to be angioma. Eight years have since passed with no recurrence of the neoplasm.

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