tracheotomy was necessary. Temporary relief was given, but the patient died in a few hours.

Inspection showed that "the turbinated bones, vomer, and right superior maxilla communicated. The hard palate was transversely fractured, but the mucous membrane was not involved. Epiglottis and back of tongue seemed normal; soft palate slightly ulcerated; brain and skull uninjured." The splinter which had entered the nose was $5\frac{1}{2}$ inches in length, and of this $4\frac{3}{4}$ inches had been buried in the nasal cavity.

Hunter Mackenzie.

MOUTH, TONSILS, PHARYNX, &c.

BARKER, ARTHUR E. (London).—**Removal of Part of the Jaw, Tongue, Side of the Pharynx, and Soft Palate for Epithelioma.** *Lancet, December* 3, 1887.

THIS case is stated "to illustrate some of the advantages of division of the cheek for the purpose of reaching disease far back in the tongue and pharynx." About a year after the operation the disease returned in the throat, with ulceration and hæmorrhage, and death ensued three months subsequently after a severe attack of bleeding.

The author remarks upon the fact that, up to the end of the case, no extension of the disease to the glands could be discovered. The result in regard to complete relief from suffering and prolongation of life in this and in other cases inclines the author to the opinion that more might be done in the way of excision of pharyngeal cancer than is commonly supposed.

Hunter Mackenzie.

PADLEY, GEORGE (Swansea).—**The Treatment of Cancer.** *Lancet, December* 24, 1887.

IN the course of a discussion which followed upon the publication of Mr. Clay's paper on this subject (*Vide Journal of Laryngology*, &c., vol. II, p. 109), the case is related by Mr. Padley of a patient, aged sixty, who suffered from a painful indurated tumour on the side of the tongue, extending from near the root to within two inches of the tip, and occupying nearly one-half the transverse diameter, with hard, raised, and everted edges. Chian turpentine was used, and after about two months' trial the diseased mass, which had been progressively increasing, appeared to be less active, and after a further period the surface presented a less malignant aspect, the ulcer appearing less deep, and its edges less

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raised and everted. The improvement continued to be marked, both as to the appearance of the local disease, the diminution of pain, and the power of swallowing and of speech (which had become nearly unintelligible)." At this stage the patient unfortunately died of syncope. The author has the impression that the disease would have subsided if the strength had been sustained.

[We have lately had an opportunity of trying the effect of Chian turpentine in a similar case, without the slightest appreciable result from its prolonged and careful administration.] **Hunter Mackenzie.**

BARWELL, RICHARD (London).—**Clinical Lecture on a Method of Excising the Tongue.** *Lancet, December* 31, 1887.

THE following is the method :—"Strictly in and along the middle line an opening is made about one-third of an inch long immediately in front of the hyoid bone, through the raphé of the mylo-hyoid. The genio-hyoid and genio-hyo-glossus are separated with the handle of the scapula until the deep surface of the mucous membrane forming the floor of the mouth is reached. By means of Liston's needles carried under this membrane to, or even beyond, the last molar tooth, threads are passed on each side into the buccal cavity, which, in their turn, draw flexible wire-twist first into, then out of, the mouth, in such wise as to surround the base of the tongue as far back as one will. An écraseur working with this wire, severs that part of the organ. Then the loop of another écraseur is passed between the teeth, pressed well down on the first incision, and divides the structures beneath the tongue."

The advantages claimed for this method by the author are bloodlessness, great security against septic pneumonia from the thorough drainage allowed by the supra-hyoid wound, and painlessness of the stump from its non-possession of sensory nerves. **Hunter Mackenzie.**

BROSIN.—Black Tongue. *Monatschr. für Prak. Dermat.*, 1888. *Appendix.*

HAVING reported the cases known up to now, and the different views held on the nature of the affection, the author relates three new cases. The first was a lady fifty-two years old, who had a black tongue, without pain, and only experiencing a bad taste in the mouth. For two years the condition remained the same, except for an acute gastric disorder. She gargled with chlorate of potash, and the affection disappeared.

Of the second case the author has specimens from the Pathological Institute of Dresden. The elongated appendices of the epithelium are coloured intensely black. The third case occurred in the practice of Prof. Geuzner, and he cured it by removing the black surface with the sharp spoon. A very careful study showed that micro-organisms were

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innocent of this disease, but that there was an increased formation and cornification of the epithelial appendices of the filiform papillæ. Old cornified epithelia have a dark colour, which is not caused by coloration of medicaments or nutriments. The affection must be viewed as a hyperkeratosis. **Michael.**

BEISSEL (Aachen).—**Syphilitic and Mercurial Ulcers of the Tongue.** *Monatschr. fur Dermat.*, 1888, *No.* 6.

IT is of great importance to differentiate between these causes of ulcers. Mercurial ulcers are mostly combined with swelling of the whole tongue and affections of the gums. Syphilitic ulcers are isolated, and mostly without inflammation of the circumference. In dubious cases the mercurial treatment should be stopped. Syphilitic ulcers become worse if they are treated with nitrate of silver. (?) Mercurial ulcers can be improved by this medicament. Syphilitic ulcers must be locally treated with chromic acid. **Michael.**

PETERSEN (St. Petersburg).—**On Extra-genital Syphilitic Infection.** *Monatschr. für Dermat.*, 1888, *No.* 7.

THE author gives a statistical review of the cases of extra-genital syphilitic affection which occur very often in Russian provinces. He relates a case of primary syphilitic infection of the gums, originating from the use of an instrument for the extraction of a tooth. **Michael.**

ENGEL VON, G.—On the Prophylaxis of some Diseases of the Mucous Membrane of New-born Children. *Wiener Med. Presse*, 1888, *Nos.* 8, 9.

TO prevent soor it is necessary to forbid the cleaning of the mouth with handkerchiefs. This manipulation favours the disease in two ways. First, the membrane is wounded and a way opened for the entrance of the affection; secondly, handkerchiefs, if not very well disinfected, may directly propagate the micro-organism of the disease. **Michael.**

LUCAS, R. CLEMENT (London).—**Epithelioma of the Lip and Glands. Recurrence after Removal. Excision of the Growth with two inches of the Internal Jugular Vein. Exposure of the Deep Vessels and Nerves. Pneumogastric Symptoms. Recovery.** *Lancet, December* 31, 1887.

THE nature of the case is indicated by the title. "After the patient had been put back to bed, the effect of the irritation of the pneumogastric was evidenced by syncope, and a pulse of only forty-four. The pathological specimen was interesting, as showing the little resistance the coats of a vein offer to the inroad of cancer, compared to those of an artery when equally exposed." **Hunter Mackenzie.**

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ROBERTSON, WILLIAM (Newcastle-on-Tyne).—**Hypertrophy of the Lingual Tonsil. Use of Galvano-Cautery. Recovery.** *Lancet, December* 31, 1887.

THIS case is identical in every respect with that reported in the *British Medical Journal*, Nov. 19, 1887, and has been already noticed in our columns (Vol. II., p. 117). **Hunter Mackenzie.**

DUNCAN, T. H. (Chatham).—**Complete Adhesion of the Soft Palate to the Posterior Pharyngeal Wall, with consequent Partition of the Post-Nasal Cavity from the Mouth.** *Canadian Practitioner, January*, 1888.

THE title explains the condition. The palate was divided at the site of the adhesion, and dilatation was maintained. The result was satisfactory. **G. W. Major.**

BLAIRS, LOUIS E., M.D. (Albany, New York).—**The Dangers of Hæmorrhage after Tonsillotomy.** *Albany Medical Annals, February*, 1888.

THE author relates two cases in young men occurring after removal with Mathieu's tonsillotome. Various astringents were applied, but ice and pressure were found most efficacious. He attributes the hæmorrhage to the use of cocaine, of which ten and twenty per cent. solutions were injected into the tonsils. "After the first effects pass off, occasionally the vessels seem to be paralysed for a time, and the contractility is greatly diminished, while the vessels, remaining open, provoke a profuse bleeding." **Maxwell Ross.**

BROWNE, LENNOX.—**On an Unrecognized Cause of some Throat Ailments.** *Prov. Med. Journal, November*, 1887.

GLOBUS hystericus and other subjective sensations in the throat are very rarely hysterical or phantom in character. The author has found when such sensations were complained of, a varicose, sometimes hæmorrhoidal, condition of veins at the base of the dorsum of the tongue, an enlargement of the circumvallate papillæ, and a fulness of the thyroid isthmus. Treatment consists of the internal administration of chalybeates and aperients with digitalis or ergot as may be indicated. Locally astringent applications, muriate of ammonia tablets, and for varicosities and hyperæmic tumefactions, the galvano-cautery points are found useful. **Maxwell Ross.**

WAY, J. H. (Waynsville, N. C.).—**A Case of Death from Suffocation by Phlegmonous Tonsillitis.** *Med. Rec., February* 25, 1888.

THE cause of death in this case was the entering into the larynx of a large quantity of pus and broken-down tonsillar tissue derived from the rupture of the right tonsil. **Norris Wolfenden.**

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PETCZYNSKI.—Acute Pharyngitis, with General Desquamation of the Epidermis. *Gazeta Lekarska, No.* 3, 1888.

A DESCRIPTION of a rather curious case. A healthy man, aged thirty-five had been subject for several years, in the spring and autumn, to sub-maxillary adenopathy followed by desquamation of the epidermis in plaques covering the whole surface of the body as completely as in scarlatina. This lasted for four days. **Constantin Karwowski.**

OLTUSZEWSKI.—A Case of "Mycosis Pharyngis Leptothricia." *Gazeta Lekarzka, No.* 4, 1888.

DESCRIPTION of a case of this disease in a patient, aged sixteen, in whom the affection appeared suddenly on the tonsils, the arches of the palate and the tongue, accompanied by intense fever. The author has had the patient under his care for six months. He took away the excrescences with the forceps, and ordered gargarisms of corrosive sublimate 1/2000, but without success : fresh colonies of leptothrix appearing always. The author afterwards gives the differential diagnosis of the disease. **Constantin Karwowski.**

SOTA.—Two Cases of Œsophagotomy for Removal of Bones. *Revista Médica de Sevilla, January* 15, 1888.

A NUN swallowed a piece of bone while she was sucking it. Great pain and difficulty of respiration suddenly appeared ; she was not able to swallow even a few crumbs of bread ; several draughts of water went down with trouble, and others were thrown up by the mouth and the nose. She and many persons put their fingers into the pharynx of the patient, scratching the mucous membrane, then a wax candle was introduced into the œsophagus, and with it the foreign body was shoved down. The pains which the nun felt obliged all manipulation to be stopped. After twenty days, Sota performed external œsophagotomy, and withdrew a chicken bone. The patient was cured completely in three months. The second case was that of a gipsy, who swallowed a piece of sheep's vertebra. The same manipulations were made with this patient as with the nun, and at the end of one month Sota saw him, and performed external œsophagotomy, extracting from the gullet a very irregularly shaped bone. The man was cured in twenty-one days.

The author says that in these cases all violent efforts to push down or to draw out the foreign body are hurtful, and we must perform the operation as soon as possible ; it has been thought that it would be better not to give chloroform ; the separation of tissues with the fingers after cutting through the skin and aponeuroses is the best guarantee of passing without danger through the space which it is necessary to pass in order to arrive at the required point ; the introduction of a large catheter into the œsophagus makes the finding of this point easy ; absolute abstinence abridges the cure ; suture of the œsophagus is difficult, and probably inefficacious ; and the permanent catheter is not only troublesome, but also pernicious.

Sota y Lastra.

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STROEM, H. (Christiania).—**Foreign Body in the Œsophagus. External Œsophagotomy. Cure.** *Norsk Magazin for Laeger, December*, 1887.

THE patient, a male lunatic, aged twenty-eight, tried to commit suicide by swallowing a large stone, weighing 50 grammes, and being 5·1 centimètres long, 2·7 broad, and 2·8 thick. By external œsophagotomy, which was performed twenty-three hours after the occurrence, the stone was removed with some difficulty, owing to its large size and deep position, being situated at the level of the second rib on the left side. For the first two days the patient was nourished by clysmata, the third day the patient could take liquid food, and a fortnight later he had recovered. The wound in the œsophagus was united with catgut.

Holger Mygind.

OPITZ (Chemnitz).—**On Blind Ending of the Œsophagus, and the Nature of Amniotic Fluids.** *Allg. Deutsche. Hebammenzeitung*, 88, *No.* 1.

A CHILD, aged four days, normal to all appearance, vomited all fluids which it retained for a short time after swallowing them. A probe could be introduced into the œsophagus only as far as the cricoid cartilage. The child died some days later, and the post-mortem examination showed the œsophagus ending in a *cul-de-sac*. The intestines were filled with meconium. The case showed that the amniotic fluid has nothing to do with the nutrition of the fœtus. **Michael.**

LARYNX.

PALMER, A. L. (Toronto).—**Intubation of the Larynx.** *Canadian Practitioner*, 1887.

THE author reports a case of intubation of the larynx in a child aged five years, the subject of diphtheria. The patient died twenty-eight hours after the operation from lung complications. The post-mortem examination showed the membrane extending beyond the point reached by the lower end of the tube. Attention is called to the danger attending the prolonged attempt at introduction of the tube, as also to the risk of giving liquid nourishment. **G. W. Major.**

ATHERTON, A. R. (Toronto).—**Case of Fracture of the Larynx.** *Canadian Practitioner*, 1887.

A CASE of fracture of the larynx, the result of mechanical injury. Breathing became instantaneously difficult, the face, neck, and chest enormously swollen. The extension downwards of the emphysema was arrested by

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