HUTCHINSON, JONATHAN (London).—**Diphtheritic Paralysis of Accommodation after a Sore Throat so slight that it had been forgotten.** *British Medical Journal, June* 30, 1888.

THE author believes that such a case proves that true diphtheria may occasionally be so slight as to be overlooked, and yet be efficient to the production of paralysis as a sequelæ. He has not seen general paralysis ensue after a slight form of sore throat like that now described, but has witnessed many in which the eye only, or the eye and palate only, have been affected. **Hunter Mackenzie.**

BRUCE-LOW, R. (London).—**Diphtheria at Enfield.** *British Medical Journal, June* 2, 1888.

A SUMMARY of a medical report to the Local Government Board. The conclusions arrived at by the reporter were, that milk and the free mixing together of school children, were the principal vehicles of infection. Domestic animals were also suspected. **Hunter Mackenzie.**

ANON.—Diphtheria on Shooter's Hill. *British Medical Journal, June* 16, 1888.

REFERENCE to an epidemic, stated to be of an annual nature, and supposed to be due to defective drainage. **Hunter Mackenzie.**

D——.—Diphtheria and Diabetes. *British Medical Journal, August* 11, 1888.

SHORT notice of a case where this sequence is supposed to have occurred. **Hunter Mackenzie.**

MOUTH, TONSILS, PHARYNX, &c.

HARRISON.—Double Hare Lip. *Brighton and Sussex Med. Chir. Soc., June* 7, 1888.

EXHIBITION of case. **Hunter Mackenzie.**

SYMONDS, CHARTERS (London).—**Epithelioma of the Mouth: Removal of the Tonsil, Parts of the Soft Palate, Pharynx, and Tongue Preliminary Laryngotomy: Subsequent Recurrence, with Resection of Half the Lower Jaw.** *British Medical Journal, June* 16, 1888.

A CLINICAL record of a case from Guy's Hospital. **Hunter Mackenzie.**

CHURTON (Leeds).—**A Case of Farcy.** *British Medical Journal, July* 28, 1888.

A CLINICAL report of a case from the Leeds Infirmary. During the course of the disease the tongue became very dry, the cheek and upper lip on the same side became swollen and sore on the inner surface, and the gums were

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swollen. There was no nasal disease or discharge. After death, a few ulcers were found in the larynx. **Hunter Mackenzie.**

RIERS, W. R. (Brecon).—**Excessive Thirst a symptom of Malignant Disease.** *British Medical Journal, June* 2, 1888.

OBSERVATION founded upon a case of malignant disease of the liver and intestines. **Hunter Mackenzie.**

GLEITSMANN.—A Case of Primary Tuberculosis of the Buccal Cavity. *New York Academy of Medicine, November* 27, 1888.

THE author showed a patient who had been cured of this rare and dangerous disease, and read the following comments on the case and its remarkably successful treatment: He had been able to find records of only three recoveries from it where it had been primary, and one where secondary. That the case which he presented had been one of primary tuberculosis there was no doubt; the lungs and the lymphatic glands were still unaffected. The patient had come to him six months previously, having been well up to within two weeks prior to her consulting him. At that time she had had slight pains on swallowing food, and fluids in particular. Her family history and general history were good. He had found, on his first examination, an ulcer as large as a pea on the base of the tongue, and to the left. A scraping away of diseased tissues, the rubbing in of lactic acid, and, at a certain stage, the galvano-cautery, had been the only measures which he had made use of. He had purposely kept aloof from medication, wishing to see the general and local phenomena in an unaltered state. The ulcer at the base of the tongue had proved to be only the beginning of the process with which he had had to struggle. A tuberculous ulceration had next appeared along the arytæno-epiglottidean ligament. He had attacked it, as before, with the blunt spoon and lactic acid. Repeated microscopical examinations of the matter removed invariably showed tubercle bacilli present in large numbers. In the early part of last July the primary ulceration on the base of the tongue had healed, but the ulceration in the epiglottidean folds had grown and was making great havoc. A little later there was pain in the left tonsil, and, on examination, a deep flabby ulceration was found in and about the tonsil, which also he had scraped out and cauterized with the galvano-cautery. Later on the lingual surface of the epiglottis had become affected. For a month it remained in an œdematous thickened condition; then, scarifying having failed to relieve this tuberculous infiltration, the whole lingual surface of the epiglottis had sloughed away, and with this the process had stopped at that point. On October 1st the free edge of the soft palate had ulcerated, but healed after being cauterized. Next the ulceration had reappeared in the arytæno-epiglottidean folds, the tonsils were ulcerating as rapidly as before, and the uvula was now badly involved. The condition of the patient indeed became very serious, swallowing gave her great pain, and he had almost despaired of saving her life. On October 20th, feeling that the last measures were now justified, he had scraped away the tonsils and scooped out the other infected areas with a sharp spoon, in spite of brisk hæmorrhage, and had rubbed in lactic

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acid most energetically. When the slough caused by the acid came away a few days afterwards, he had been agreeably surprised to find a smooth and healthy granulating surface beneath, and the tuberculous process come entirely to an end. The pain on swallowing had ceased immediately after the last operation. The denuded surfaces had healed over with smooth cicatricial tissue, without sinuses, and with but a few irregularities or pockets. He ascribed the result mainly to the effect of the lactic acid. No medicines had been used internally. The patient was now in robust health and entirely free of any indications of tubercular deposits elsewhere.

R. Norris Wolfenden.

BRAMANN.—Carcinoma of the Tongue. *Freie Verein der Chirurgen Berlins, October* 8, 1888.

THE author exhibited a patient with cancer of the tongue, who had had psoriasis linguæ for sixteen years. **Michael.**

HAGEN.—On Affections of the Lingual Tonsil. *Medicin Gesellschaft in Leipzig, October* 16, 1888.

THE pathological anatomy of this condition was described by Swain, an assistant of the author's, in 1886, in the *Archiv. für klin. Med.* The acute form is rare, the chronic rather frequent. In this latter condition, the patient experiences a very disagreeable feeling of a foreign body in the throat, accompanied with pain. The mucous membrane is red, and follicular inflammations occur. The symptoms of the chronic form are sensation of pressure, and of a foreign body, cough, difficulty of speaking long, a feeling of oppression in the chest, and hypochondriasis. Examination shows hypertrophy of the lingual tonsil, and frequently malformation of the epiglottis. The author has seen the disease mostly in women, and often combined with menstrual irregularities. Prognosis is good, and the best treatment is galvano-caustic. **Michael.**

WOLF, J. –Uranoplasty. *Berlin Med. Gesellsch., July* 11, 1888.

THE author exhibited a patient, twenty-four years of age, upon whom he had performed this operation with successful result as regards function.

Brand believed that protheses gave better results than this operation.

Küster thought the results of the operation in some cases very satisfactory, in others quite the reverse.

Wolf thought that in the cases in which the operation was not successful, the soft palate was very distant from the posterior pharyngeal wall, and speech consequently had a nasal timbre. In such cases a prothetic apparatus should be applied behind the newly-formed palate.

B. Fraenkel thought the result depended upon the state of the muscles.

Michael.

BEEVOR, CHARLES E. (London), **and HORSLEY, VICTOR** (London). **—Report on some of the Motor Functions of Certain Cranial Nerves (V., VII., IX., X., XI., XII.), and of the Three First Cervical Nerves, in the Monkey.** *British Medical Journal, August* 4, 1888.

A REPORT to the British Medical Association of considerable physiological importance.

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The author shows that the hitherto received idea of the soft palate being supplied by the facial nerves is entirely erroneous. They find that the levator palati is supplied by the eleventh nerve. Dr. Felix Semon has also, in conjunction with Professor Horsley, determined the same fact by experiments. **Hunter Mackenzie.**

MACINTYRE, J. (Glasgow).—**The Muscles which act upon the Epiglottis.** *British Medical Journal, August* 25, 1888.

EXHIBITION before the British Medical Association of a series of dissections. **Hunter Mackenzie.**

HOWARD, BENJAMIN.—The Hyoid Bone and its Connections. *British Medical Journal, August* 25, 1888.

DEMONSTRATION before the British Medical Association showing that "the hyoid bone is the central link of a chain by which alone the objective elevation of the epiglottis can be effected." The upper link of this chain consists of the genio-hyo-glossi and mylo-hyoidei muscles—the lower of the hyo-epiglottic ligaments, this linking the inferior maxilla with the epiglottis. The upward motion of the former produces simultaneous elevation of the latter.

The originality and value of this discovery were emphasised by several speakers. **Hunter Mackenzie.**

GAUTIER.—Caseous Concretions of the Tonsils. *Rev. Méd. de la Suisse Rom., January,* 1889.

THE crypts of the tonsils frequently contain whitish or yellowish masses, consisting of cells and microbes. These caseous masses give rise to no symptoms, and are easily eliminated by the passage of food, or during the toilette. Exceptionally, the crypts are abnormally distended by caseous matter, and give rise to trouble or malaise. Jacobson has given to the condition the name of *Algosis faucium leptothricia*, and other authors term it *phycosis*, or *mycosis tonsillaris benigna*, or seborrhœa of the pharyngeal glands.

These terms are used from the fact that the caseous masses are chiefly constituted by masses of leptothrix buccalis. The disease attacks by preference the isthmus of the fauces, rarely the pharynx, and rarer still the trachea, and its seat is in the orifices or the crypts of the mucous glands. The palatine tonsils are oftenest affected. Small white yellow buds or caseous masses appear on the surface of the glands. They are generally compact, single or multiple, but never confluent like diphtheritic plaques. Fever and dysphagia are absent, unless there is concurrent angina. They may give a bad odour to the breath. The sac empties of the mass, without giving rise to any ulceration. The tonsils are not hypertrophied. Tonsillar calculi probably arise from this condition. The author relates a case which was treated by incising the crypt, emptying it with a curette, and destroying by chromic acid. Jacobson rejects ablation of the tonsils in such cases as too violent a treatment for such a small malady, and the tonsils, moreover, are not hypertrophied, only the follicles being affected.

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In the discussion which followed the reading of this paper at the Medical Society of Geneva, M. Haltenhoff thought that there was a connection between the asthenopia of children and certain forms of chronic angina. M. Godet did not think that the caseous amygdalitis of children with fever and malaise, was the same thing as this condition, but that they were two different diseases. Ignipuncture was suggested, by M. Rapin, as effective. **R. Norris Wolfenden.**

SCHNITZLER.—Ulceration of the Tonsils. *Gesellschaft der Aerzte in Wien, December* 21, 1883.

THE author exhibited a patient with this condition. In this case a certain diagnosis could not be made, for in spite of microscopical examination, it was impossible to say whether it was chronic diphtheria, syphilis, or a neoplasm. **Michael.**

FOWLER, G. R.—Primary Carcinoma of the Tonsil—External Pharyngectomy—Recovery. *Brooklyn Med. Journal, September*, 1888.

THIS was the case of a woman aged sixty-seven, who presented a lobulated and movable growth of the left tonsil about the size of a walnut, and a lymphatic enlargement beneath the posterior border of the sterno-mastoid. There was pain, aggravated on swallowing. The patient's age, the unilateral tumour, the cutting pain, the cartilaginous hardness of the growth made a diagnosis of malignancy probable before the glandular mass appeared externally. Cutting down upon the tumour, tying the lingual and facial arteries, dividing the external jugular vein, and the stylo-hyoid muscle, the tonsil being pressed outwards, a circular incision was made with the thermo-cautery through the hyoglossus, superior constrictor and mucous membrane, and the tumour extirpated without hæmorrhage. The mass of lymphatic glands was "shaved" off the carotid artery to which it was adherent. Ten days after the patient could masticate and swallow solids, and eight months after the patient was free from recurrence in the tonsil, but the parotids of both sides were involved, and the patient died of gastric cancer. The author describes the operations for pharyngotomy practised by Billroth, Cheever, Kuester, Langenbeck, Potaillon, Wheeler, and Miculicz, &c. **R. Norris Wolfenden.**

SKIRVING, A. S.—Anæmic Sore Throat. *Brit. Med. Assoc.* (*New South Wales Branch*), *May* 4, 1888.

PAPER read, but not reported. **Hunter Mackenzie.**

FRAENKEL, B. (Berlin).—**Diseases of the Pharynx.** *Eulenberg's Real Encyclopædia der Gesammten Heilkunde* (*Second Edition*).

A VERY good review of the subject, with especial reference to recent works. **Michael.**

M'ANDREW, J.—A Pin passed per Anum in Forty Hours. *British Medical Journal, June* 16, 1888.

RECORD of a case in which a child of two years swallowed a pin. No effect was produced on the mouth or throat. **Hunter Mackenzie.**

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FISCHER (Hanover).—**Œsophagotomy and Pleurotomy for Foreign Body. Report of 120 Œsophagotomies.** *Deutsch. Zeit. fur Chir. Band* 29. *Heft* 1.

A PATIENT fifty years of age got a piece of bone in the throat which he could not remove. The œsophageal sound and the laryngoscope failed to discover the foreign body. A few days later swelling of the posterior pharyngeal wall occurred, necessitating incision, but without effect. Expectoration of putrid sputum occurred, swelling of the neck, dyspnœa, and great prostration. Œsophagotomy was performed, but no foreign body found. The operation was not followed by any bad consequences Three weeks later the patient developed fever crepitant rhonchi in the right lower lobe, and the sputum became very fœtid. Pleurotomy and resection of a rib were performed. Very purulent secretion was discharged. Death followed two days later, nine weeks from the commencement of the symptoms. At the autopsy the wound in the œsophagus was found to be cured. Gangrene of the right lung was found, but the foreign body could not be discovered. The case was considered to be sepsis following on the lodgment of the foreign body in the pharynx. In an appendix the author completes his collective report of œsophagotomies (*cf.* this Journal, 1887, p. 411), adding twelve cases, making a total of 120. Of these further twelve cases, eight were cured, four died from septicæmia, tuberculosis, secondary hæmorrhage, and pulmonary gangrene. **Michael.**

WEISSENBACH.—A Case of Gastrostomy. *Rev. Méd. de la Suisse Rom., September*, 1888.

THE patient was a man sixty-eight years of age, with a fibrous stricture of the œsophagus. At first dilatation was tried for some months, but the patient could not breathe with the sound in the œsophagus. A bougie of 15 millimètres was passed, but only when the man made antiperistaltic movements, diverticula evidently existing in front and between the constrictions. On certain days fluids passed well, on others this was impossible. Eventually swallowing became impossible, and the patient became enfeebled. Gastrostomy was performed, and the stomach fixed by eighteen silk sutures. From inability to swallow saliva, and its entry into the larynx, a putrid bronchitis supervened, and the patient died shortly after from broncho-pneumonia. The author concludes that gastrostomy is contra-indicated in cases where the patient cannot accustom himself to expectorate saliva day and night, and when the sensibility and reflex movements of the respiratory apparatus are defective. **R. Norris Wolfenden.**

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