NECK, &c.

BRUNEAU.—Tubercular Ulcers of the Mouth. *Thèse, Paris*, 1887.

THE author publishes four observations on tubercular ulcers of the mouth, and criticising the observations hitherto published on the subject, he studies the pathological anatomy, etiology, symptomatology, diagnosis, and treatment of these lesions. It is a good *résumé* of the subject. JOAL.

Throat Symptoms produced by Hypertrophied Gland Tissue at the Base of the Tongue. *New York Med. Journ., February* 19, 1887.

THIS is a leading article discussing Dr. H. L. Swain's (New Haven) recent studies on the subject. The disease consists in a hypertrophy of the glands situated between the circumvallate papillæ and the glosso-epiglottidean sinuses, having a lymphatic structure analogous to that of the tonsils. They may become large enough to conceal the epiglottis. The patient complains of a lump in the throat, sometimes of actual pain, and of voice-fatigue. Painting the affected surface with Lugol's solution is all the treatment that is required.

BÖCHER, CARL (Yaegerspris, Denmark).—**Lingua Nigra.** *Hospitals-tidende, March* 9, 1887.

THE author has observed two cases of this rare disease in two healthy countrywomen, aged between fifty and seventy. In the one case the black patch was about the size of a shilling, and situated in the middle of the tongue in front of the papillæ circumvallatæ ; while, in the other case, the patch, which was a little smaller than a halfpenny-piece, was situated on the left of the mid-line, but also in front of the papillæ circumvallatæ, opposite to a decayed tooth. In the latter case the patch was surrounded by a ring of a dirty yellow colour, and on the opposite side of the tongue, corresponding to the black patch, there was a spot of the same dirty yellow colour. In both case the black patches consisted of soft, brown (at their edges more grey), hair-like vegetations, which were about eight millimetres long and very adherent. The hair-like elongations were seen under the microscope to be the pigmentated proliferations of the epithelial cells, covering the papillæ filiformes, which were covered with a granular mass containing a few threads and numerous spores. The author considers these micro-organisms to be the cause of the disease. HOLGER MYGIND.

https://doi.org/10.1017/S1755145500159469 Published online by Cambridge University Press

SCHECH (Munich).—**The Black Tongue.** *Münchener Med. Wochens.*, No. 14, 1887.

THIS condition is a black-brown discolouration of the tongue, not produced by the ingestion of colouring matter. The condition gives rise to no subjective symptoms, and is often only discovered by accident, or in the course of examination of the patient for other complaints. Schech relates the following case observed by him. A man, thirty-two years old, occasionally presenting another condition of the tongue, exhibited the following peculiarity: On the back of the tongue, commencing with a large area at the base and over the region of the taste papillæ, and thence diminishing to both sides of the raphé, was an intense dark discolouration. The surface of the black parts, which was raised above the level of the normal parts, resembled the nap of a black silk hat rubbed up the wrong way. This caused the raphé to appear more deeply situated then normal. On the surface were many black threads similar to short hairs. These could not be scraped off with a scalpel, but some of them were cut away with scissors for microscopical examination. This examination showed that the condition was not produced by mycosis, as some authors believe. The hairs in question proved to be excessively hypertrophied, pigmented, and horny filiform papillæ. The rarity of the disease renders it impossible to say anything as to the etiology of the complaint. The duration of the disease is various, but it is impossible to determine this, because the patients do not know how long they have had the condition. It disappears without treatment, sometimes in a month, or may last for years. Recurrences are not known, and treatment is unnecessary. MICHAEL.

LUC.—Fœtid Abscess of the Left Maxillary Sinus, simulating an Ozæna; Opening of the Sinus through the Alveolus; Cure. *Société Médico-Pratique, February* 28, 1887.

AN observation upon a patient in whom the lesion of the sinus was developed subsequently to the avulsion of the first upper molar tooth of the left side. In this case, as in those reported by Ziem, there was no great swelling of the cheek, but the point of emergence of the suborbital nerve was painful to pressure. The sinus was opened through a dental alveolus, an aromatic injection made, and a small drainage-tube placed in the opening. The cure was rapid.

JOAL.

MONOID and RECAMIER.—Epithelioma of the Superior Maxilla. *Société Anatomique de Paris, April* 8, 1887.

THE patient was a woman of sixty-six. The tumour, which had

https://doi.org/10.1017/S1755145500159469 Published online by Cambridge University Press

appeared four months before, had invaded the alveolar arch. After the operation, it was found that the osseous tissue of the jaw had completely disappeared. At the level of the dental arch were found two carious teeth included in the tumour, one of which (the canine) was completely embedded. It was thought that the tumour had originated round the carious teeth, but microscopical examination showed that it was a lobulated pavement epithelioma, having distinctly a glandular origin. JOAL.

MORALES, PEREZ.—Cyst of the Maxillary Sinus. *Gaceta Médica Catalana, Enero* 15, 1887.

A PATIENT, fifteen years of age, presented a hard, round, painless tumour in the left cheek. The nasal septum was deflected to the right side, and the left nasal fossa was very narrow. Other organs were normal. A cyst of the maxillary sinus was diagnosed, from the fact that a discharge of sero-purulent fluid had occurred two months previously from a little opening on a level with the second molar, and scars were still left. The patient was operated upon on January 12, the mucous membrane being anæsthetized by cocaine in preference to ether. After cutting through and separating the soft tissues, a great quantity of fluid was liberated on opening the maxillary sinus. The cavity was then washed out and the hæmorrhage controlled, antiseptic plugs being employed; a drainage-tube was inserted, a few sutures were introduced, and a Listerian dressing applied. The patient was discharged permanently cured on February 3. RAMON DE LA SOTA Y LASTRA.

LARRIVÉ.—Parotid Cyst. *Journal de Méd. de Paris, March* 20, 1887.

THE condition gave rise to some difficulty in diagnosis. The author considered the question of its being a ganglionic degeneration, but the condition was old, and the patient's health good. The tumour was elastic and less hard than an enchondroma of this region would be. The possibility of its being an enchondroma was rejected. The diagnosis was uncertain. The tumour was opened and a drainage-tube inserted, but the author thinks that, in partial ablation of the parotid, drainage should as much as possible be avoided, and all endeavours should be made to obtain union by first intention of all the wound. JOAL.

ALESKA.—A Curious Case of Sanguineous Expectoration. *Gazeta Lekarska*, No. 10, 1887.

A MAN, twenty-six years old, frequently expectorated blood for three

https://doi.org/10.1017/S1755145500159469 Published online by Cambridge University Press

years, and was considered by many physicians to be suffering from hæmoptysis due to a pulmonary lesion. All treatment directed to the cure of this condition was, however, unsuccessful. Aleska was unable to find anything abnormal either in the lungs or larynx. But while undergoing examination the patient coughed, and spat blood, and Aleska observed on the posterior wall of the pharynx a thin thread running downwards, and coming from higher up in the naso-pharynx. He was, however, unable to detect with accuracy where the blood came from. Suspecting its naso-pharyngeal origin, he ordered nasal irrigations of corrosive sublimate (1 in 6,000). This treatment being followed for six months, the expectorations have completely ceased, and the patient, who was previously very anæmic and enfeebled, has quite recovered strength.

CONST. KARWOWSKI.

RIBBERT (Bonn).—**The Latest Researches upon the Functions of the Thyroid Gland and upon Myxœdema.** *Deutsche Med. Woch.*, No. 14, 1887.

A REVIEW of current literature. MICHAEL.

BROWN-SÉQUARD.—On the Divers Effects of Irritation of the Anterior Region of the Neck, and particularly on the Loss of Sensibility, and Sudden Death. *Académie des Sciences, April* 4, 1887.

THE section of the skin in the anterior cervical region in all its extent, but especially in the median line and its neighbourhood, produces a complete analgesia in this zone of skin, either over the whole extent, or at least in the portion which covers the larynx and trachea. If surgeons can perform tracheotomy without pain, it is not only, as is generally believed, due to sensibility being diminished by the asphyxia, but is undoubtedly also due to the fact that the skin incision produces, by inhibition, a loss or diminution of the sensibility. The larynx, trachea, and skin covering them are capable, under the influence of mechanical irritation, of producing cardiac inhibition as well as of respiration and of all cerebral activity. A cough may therefore produce a total loss of consciousness, and cardiac and respiratory syncope. Thus the production of death in individuals submitted to incomplete hanging must be explained by interference with, or hindrance to, passage of air into the respiratory tract.

JOAL.

CLARKE, T. MITCHELL (Bristol).—**On Graves's Disease, with a Case.** *Bristol Medico-Chirurgical Journal, March*, 1887.

THE case in question is considered by the author to be unique.

https://doi.org/10.1017/S1755145500159469 Published online by Cambridge University Press

The whole duration of the case was less than six weeks, and the disease therefore was "acute" Graves's disease. Points of interest were: a large and persistent thymus found at the autopsy, the small size of the liver and the pancreas, the very large thyroid, the disappearance of the exophthalmos after death, and the absence of any lesion in the nervous system. The author thinks that exophthalmos and pulsating goître, the most prominent clinical features in most cases of Graves's disease, are the least constant if we take the whole number of cases, and that the patient may lose them while retaining the other three chief symptoms; and if in some patients either the exophthalmos or the goître may be absent, and in some both may disappear, it is certainly open to us to argue that in others they may be absent from the beginning.

The author argues in favour of a central origin of the disease.

[With the author's views generally, and in the view that patients may have all the signs and appearances of Graves's disease without exophthalmos or goître, *i.e.*, "palpitation, anæmia, emaciation, and the minor symptoms generally complained of," the reviewer is quite in agreement.]

ASSOCIATION MEETINGS.

Medical Society of the State of New York.

EIGHTY-FIRST ANNUAL MEETING, HELD AT ALBANY, FEBRUARY 1, 2, 3, 1887.

The Correction of the Deformity termed Pug-Nose by a Simple Operation.—Dr. J. O. ROE, f Rochester, read a paper, in which he said that making the outline of a pug-nose regular by taking away a portion caused the nose to look larger, by rendering it unsymmetrical. The operation consisted in turning back the end of the nose, removing sufficient tissue to correct the deformity, and returning the integument. Malformation due to deformity of the cartilage was corrected by dividing the cartilage and making the patient wear a suitable splint. He had operated in five cases, and the result had been good in all.

The Relation of Laryngeal to Pulmonary Phthisis: Importance of Local Treatment.—Dr. C. C. RICE, of New York, read a paper, in which he expressed the opinion that laryngeal disease in connection with pulmonary tuberculosis was not always tubercular. In about 65 per cent. of cases there was characteristic tubercular deposit. In the remaining cases the process was slow, commencing with subacute catarrh, becoming chronic, and finally ulcerative. The disease not being often tubercular, the term tubercular laryngitis was unfortunate.

Laryngeal Intubation.—Dr. O'DWYER demonstrated the method of performing the operation. Dr. Jacobi said that thirty years ago he had spoken of Bouchut's method as ridiculous. Two years ago he had expressed doubts as to the success of O'Dwyer's method. He was now convinced of its usefulness.

https://doi.org/10.1017/S1755145500159469 Published online by Cambridge University Press