in bed, and to inhale steam containing compound tincture of benzoine and chloroform as frequently as possible.

Warm boracic fomentations were applied round the neck and over the enlarged and tender cervical lymphatic glands. The interior of the pharynx was also frequently sprayed with an ice-cold four per cent. solution of hydrochlorate of cocaine.

Under this treatment the swelling gradually subsided, and in ten days' time the parts had practically assumed their normal appearance.

Case 2. Mr. X., a medical man, aged thirty-eight, sent for me hurriedly one day, as he was complaining of great dysphagia and pain in and around the neck. He had been in his usual good health until the preceding evening, when he began to complain of pain in the throat, accompanied by a marked feeling of constriction. When first seen (the day after the commencement of his symptoms) the temperature was 102° Fahr., the pulse rapid, the skin moist, the tongue furred, and the conjunctivæ congested. Upon examination of the pharynx, both faucial pillars were seen to be markedly congested. The anterior free border of the epiglottis was swollen to at least four times its usual thickness, and was of a dark red livid colour. The aryepiglottic folds, the false cords and the true cords, were also swollen and congested. The cervical lymphatic glands upon both sides were enlarged and painful. Extreme dysphagia was complained of, so much so that at the patient's request all food was given in the form of nutrient enemata. The urine, upon examination, was found to be normal. The patient was very ill for several days, and had all the appearances of a man suffering from an acute dose of septic poison. Small doses of morphia had to be given at intervals to allay the pain and irritability of the throat. The treatment adopted was much as in the previous case: enhalations of steam containing lin. camph. co., pharyngeal spraying with ice-cold solutions of cocaine, and boracic fomentations around the neck. The patient made a slow but satisfactory recovery. The case was, from the first, regarded as of septic origin, and an examination of the drains revealed an appalling state of affairs: imperfect joints, broken pipes, and sewer gas escaping into almost every room in the house.

NOTE ON RHINITIS CASEOSA.

By Prof. MASSEI.

ARSLAN,[1] having observed three new cases (?), insists upon the opinion already expressed by him, *i.e.*, to consider the caseous rhinitis a complication of several diseases of the nasal fossæ and annexæ. Although he shows himself to be well acquainted with the whole modern literature, and the late studies of Guarnania, he is not disposed to accord great importance to the *streptothrix alba*, which Guarnania has described and identified.

[1] Dr. Y. Arslan.—"Few Words on the so-called *Rhinitis Caseosa*" ("*Au cosa dire parole sulla cosi detta Rinite Caseosa*"). "Archivio Italiano di Otologia, Rinologia, e Laringologia," 5th year, 1897.

https://doi.org/10.1017/S1755146300191036 Published online by Cambridge University Press

As the observation which suggested such researches to Guarnania was made in my own clinic, and under the strict control of Prof. de Graxa, allow me to insist again upon the value of the presence of *streptothrix alba* in true cases of caseous rhinitis. A simple observation could not have the importance I accord if it was not able to confirm, in an indirect way, the presence of a micro-organism in the products of the disease. Guarnania found what had been already observed by other authors. He has, however, the merit (being assisted by the well-known competence of one of the most eminent bacteriologists, Prof. de Graxa) to have recognized as a streptothrix (*s. alba*) the same parasite which had been before so differently named.

We are not at one with Arslan, as we are so strongly convinced of the part of that streptothrix in the production of the caseous rhinitis that when we do not find it we deny having to do with a genuine case. (*See* Marbuscelli, *Pseudo-Rhinitis Caseosa*, in "Archivio Italiano di Laringol.," Avril, 1897.)

BRIEF NOTES OF AN UNUSUAL CASE OF GUMMA OF THE TONSIL.

By ERNST MICHELS, F.R.C.S. (London).

A. J., twenty-eight years, came to the German Hospital, in August, 1894, complaining of a swelling in the left side of his throat. He had been operated on in Liverpool for a similar swelling early in the year, but during the last few weeks had noticed the recurrence of the tumour.

The left side of the pharynx seemed to be filled up by a large, round, globular tumour of the size of a walnut; the surface of the tumour was smooth and almost black in colour. There was no glandular swelling; no signs of syphilis. As the patient was rather restless and difficult to examine, he was put under chloroform with a view to ascertain the extension and the relations of the tumour and to act accordingly. While passing my finger behind and below the tumour, the tissues suddenly gave way and the whole of the tumour became detached, leaving a deep cavity in the left tonsil; there was hardly any hæmorrhage.

During the next few days the walls of this cavity assumed a very unhealthy appearance; gangrenous shreds formed and became detached, and an ulceration of a serpiginous character began to form. Although the patient denied to have had syphilis we felt justified in giving large doses of iodine and mercury, and in a very short time the ulceration healed and the cavity filled up. The patient was discharged three weeks after the removal of the tumour, with the instruction to continue the use of mercury and to attend as an out-patient, but he was never seen again. The tumour was formed by round cells; the outer parts were gangrenous and did not show any definite structure.

https://doi.org/10.1017/S1755146300191036 Published online by Cambridge University Press