Cassel (Berlin).—*Treatment of Whooping Cough by Bromoform.* "Deutsche Med. Woch.," 1892, No. 5.

THE author has treated a great many cases with the drug, and is satisfied with the results. *Michael.*

Nolden (Cologne).—*Two Cases of Bromoform Intoxication, with Remarks on the Treatment of Whooping Cough.* "Therap. Monats.," 1893, No. 5.

(1) A PATIENT, two and a half years old, having taken four grms. of bromoform, became severely syncopic, with anæsthesia, absence of reflexes, pulse of 150, and tracheal rhonchi. Cure was obtained by warm cataplasms and ether injection. During the syncope the patient had three severe attacks of whooping cough. (2) A girl, three years old, having taken six grms. of bromoform, became asphyctic, with severe cyanosis, cessation of pulse and respiration. Cure was obtained by artificial respiration. The drug is very dangerous, and must be applied with great caution. *Michael.*

MOUTH, TONGUE, ŒSOPHAGUS.

Bulkley, L. D.—*Two Cases of Chancre of the Lip in little Children.* "Arch. of Pediatrics," April, 1893.

IN one case the infection was probably got from another child who had a sore mouth. The little patient was only three years and ten months old. In the other case, that of a girl of four and a half years of age, the source of infection was undoubtedly the mother, either by kissing or some mediate object. *R. Norris Wolfenden.*

Cadell (Edinburgh).—*Accidental Revaccination on the Upper Lip simulating Chancre.* "Brit. Med. Journ.," Mar. 18, 1893.

IN a mother, who became accidentally vaccinated on the skin of the upper lip to the right of the middle line, the lip was much swollen, and the sore, the size of a threepenny piece, was devoid of the appearance of a vaccine vesicle. The surrounding skin was red and painful. Three glands under the lower jaw were enlarged and painful.

The author says that it was not syphilitic because (1) the sore was painful, (2) there was more inflammatory œdema than in chancre, (3) the glands though knotty were painful, and (4) the scab was thicker than in lues.

[It might have been added that the course was shorter in duration than in chancre of the upper lip, which is notoriously protracted in its course, requiring more energetic treatment than syphilides in any other situation in the body.

The following note of a case of chancre of the upper lip shows the features distinctly. It occurred in a young girl who had been nursing a sister's child who was suffering from snuffles and syphilitic cachexia at the time. The chancre occupied the upper lip towards the left of the middle line (an important point). It had the superficies of a shilling

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almost, slightly concave, the surface being dry and dark in colour. To the touch it was as hard as cartilage, which hard feeling appeared to extend four millimètres deep. The chancre had existed for four months, rebellious to treatment. When the patient came under me I injected cocaine, and removed all I could with a dermal curette, and then pierced the remaining induration with a galvano-cautery point in various directions. In addition a calomel and zinc dusting powder was used, together with mercury and the iodide internally. In two weeks' time the chancre was barely noticeable.—ABSTRACTOR.] *Wm. Robertson.*

Cousins, John Ward (Portsmouth). — *Cancrum Oris, followed by Extensive Ulceration of the Cheek and Anchylosis of the Jaw—Recovery.*

IN this case, a boy aged ten, extensive ulceration of the right cheek followed an attack of typhoid fever. The perforation of the cheek was as large as a crown piece, exposing the teeth. The dense cicatricial tissue bound the maxillæ firmly together, and the buccal cavity was completely obliterated, the child being fed through a gap between the teeth. The lower jaw was divided to make a false joint, and, the adhering edges of the fistula being freed, contraction steadily advanced until the perforation closed. *Wm. Robertson.*

Bernhardt (Berlin).—*On some less known Neuroses of the Mouth and Tongue.* "Neurolog. Centralbl.," 1893.

DESCRIPTION of four cases of painful sensations of the tongue, very disagreeable to the patients, who were not hypochondriac, but believed that they had cancer. All therapeutic efforts were without effect. *Michael.*

McCulloch, A. (Tarporley).—*Idiopathic Inflammation of the Tongue.* "Brit. Med. Journ.," Mar. 25, 1893.

THE author advocates the abstraction of blood (cupping), free purgation, and the iodide in preference to excision of the organ, and points out that this procedure might have been effective in the boy's case (*vide infra*), where he considers the excision of the fore part of the tongue was too heroic. *Wm. Robertson.*

Leah (Devonport), *reported by Morris.—Case of Macroglossia.* "Brit. Med. Journ.," Mar. 18, 1893.

THE case occurred in a boy aged five, who, when two years old, was tapped for ranula. From birth he suffered from some indefinite thickening under his tongue. Subsequent to the treatment of the ranula, which caused inflammation of the tongue, a thickening remained. Speech was defective. The tongue was more than twice its normal dimensions when he was admitted. Mercury and iodide had been given, there being a history of lues in his father, but without success. The tongue protruded three inches beyond the lips; he could retract it to within half an inch of these, which could not overlap it. The surface was covered with crusts, and the lower teeth were everted from the weight of the organ lying on them. There was little pain or inconvenience, the boy being able to eat solid food. A wedge-shaped piece of the tongue was removed. Speech was afterwards much improved.

Wm. Robertson.

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Colin, Albert.—*On Mycosis Leptothricia.* Thèse. Paris, 1893.

AT the termination of an interesting monograph upon this subject the author comes to the following conclusions:—

1. Mycosis is a comparatively rare affection, seldom diagnosed, and very little known.

2. It is caused by the production and accumulation of filaments of the leptothrix, which form upon the tonsils, the base of the tongue, and the posterior wall of the pharynx whitish-yellow resistant and pointed patches, which have a marked tendency to form clusters, which assume the appearance of cocks'-combs or smooth plaques of the same colour.

3. The filaments of the leptothrix are implanted in the epithelial layer.

4. Nothing precise is known as to the origin of the affection.

5. Mycosis has an essentially chronic course, and has frequent recurrences. It can in certain cases be reproduced by inoculation.

6. Though in itself of benign prognosis, the influence which it exerts upon the *morale* of the patients and its slight tendency to spontaneous cure merit the attention of the practitioner.

7. The best treatment is ablation (as complete as possible) of the leptothrix productions and swabbing with an iodated iodine solution alone or associated with chloride of zinc. The smoking of tobacco is also advised.

One patient was advised to smoke twelve cigarettes daily, and in fifteen days presented marked amelioration. A case of Heryng's is referred to where the smoking of cigars in three months cured a condition which was rebellious to all treatment. The differential diagnosis from lacunar tonsillitis consists, according to Ruault, in the fact that the small white and pointed accumulations of leptothrix, or the smooth or flattened plates of the same colour, are situated between the cryptic orifices on the surface of the gland, to which they adhere strongly, and nearly always exist at the same time on the base of the tongue and the pharyngeal wall. The mode of appearance, more marked adherence, and long duration without acute symptoms, local or general reaction, distinguish mycotic patches from diphtheria.

The microscopic sections were examined by Prof. Cornil.

The white opaque layer is formed of superficial epithelial cells filled with micro-organisms, and serving as a point of departure for the vegetations of leptothrix. Some of the leptothrix masses are transformed into thin discs. The uppermost cells of the epithelial layer, which are completely filled with round microbes, alone give origin to the leptothrix long filaments—deeper the epithelial cells get necrosed. The connective tissue of the mucous membrane is not markedly inflamed, and the leptothrix does not penetrate deeply. The chorion is filled with round cells, and in the closed follicles and connective tissue there are numerous granular cells.

In the uppermost layers cornified epithelial cells are found in layers of leptothrix.

R. Norris Wolfenden.

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Mules (Manchester).—*Rheumatic Tonsillitis.* "Brit. Med. Journ.," Mar. 18, 1893.

THE author read a paper on acute tonsillitis in its relation to rheumatism, illustrated by clinical notes. The treatment was full doses of tr. ferri. perchlor. every two hours until all symptoms had subsided. Wine was given to adults, and all exposure to chill avoided. Since adopting this treatment Dr. Mules has never met with rheumatic sequelæ.

Wm. Robertson.

Johnson, Raymond (London).—*Lympho-Sarcoma of the Tonsil.* "Brit. Med. Journ.," Mar. 18, 1893.

IN a female aged fifty-three, whose symptoms were of six months' duration. The growth, which occupied the left tonsil, was oval in shape, and measured one and a half inches by seven-eighths of an inch; its surface was covered by short papillary processes. A mass of soft glands was situated behind and below the angle of the jaw, and other smaller glands lay along the posterior border of the sterno-mastoid. An incision was made from the lobule of the ear to the level of the hyoid bone, and from it an incision was carried to the extent of one inch along the anterior border of the sterno-mastoid. The mass of glands was easily dissected out, and then a silk ligature was applied to the external carotid artery below the origin of the lingual. The lateral wall of the pharynx was next freely exposed, and the primary growth was excised together with a margin of healthy tissue around it by means of scissors. The hæmorrhage was trivial. No attempt was made to close the pharynx wound, the skin being sutured with silk and drained at the lower part of the wound. Rectal feeding was adopted for two days after operation. Later, the enlarged glands at the posterior border of the sterno-mastoid were excised, as also a small one beneath the scar. There was no recurrence in the pharynx nine months after, but there were some slightly enlarged glands in both sides of the neck. The author pointed out that the operation resembled that used by Cheever and Golding Bird, and that the ligature of the carotid, which did not complicate the procedure, was a more satisfactory method of dealing with hæmorrhage than preliminary tracheotomy or removal with cautery. *Wm. Robertson.*

Mackenzie, Hunter (Edinburgh).—*Tonsillotomy; with an Analysis of Two Hundred and Thirty Cases.* "Brit. Med. Journ.," Mar. 25, 1893.

IN this analysis the author points out that the majority occur between six and ten years; males in excess—unless at puberty, when females predominate; that the operation is rare under two years and over fifty years, the small number operated on under two years being due to aversion to operation at that age. In children chronic enlargement was usually present, which at puberty was complicated with periodical acute attacks in the diseased tissue. In infancy and childhood the enlarged tonsils were complicated with respiratory troubles, snoring, etc., deranged health, aerial starvation, and badly-developed chest. Adenoids frequently were associated with enlarged tonsils, as well as purulent rhinitis and post-nasal catarrh. These conditions required suitable treatment. In one

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hundred and fifty-seven cases double tonsillotomy was performed; in seventy-three single tonsillotomy (oftenest left). Dr. Mackenzie is of opinion that most lesions of the tonsils, and of the larynx also, evince a greater tendency to commence on the left side than the right.

Anæsthesia (chloroform) in ages varying from four to thirteen was induced in nine cases.

Ten per cent. cocaine solution was employed in most of the other cases.

Hæmorrhage, profuse or troublesome, never followed the operation. In one case some oozing on the second day was stopped by the pernitrate of iron. Dr. Mackenzie believes that bleeding will not occur if care be taken to leave a clean-cut surface, and no injury happen to the faucial pillars or soft palate. Drinking warm fluids after operation induces bleeding.

Results in children, both local and general, were most beneficial. In two cases only was re-enlargement of tonsils noted. In three adults abscess and inflammation of stumps were noted.

The deafness accompanying enlarged tonsils was not always removed after operation, though in some instances this was remedied by attention to the naso-pharynx. *Wm. Robertson.*

Raudnitz (Prague).—*Parenchymatous Injections in Diseases of the Tonsils.* "Prager Med. Woch.," 1893, No. 14.

RECOMMENDATION of injections of sublimate. *Michael.*

Loewe (Berlin).—*Contribution to Œsophagoscopy.* "Deutsche Med. Woch., 1893, No. 12.

MODIFICATION of Morell Mackenzie's instrument. The author has applied a cap of soft rubber gum, which can be opened when the instrument is *in situ* to prevent the filling of the instrument. *Michael.*

Taylor, F. W.—*A Case of Congenital Malformation of the Œsophagus.* "Boston Med. and Surg. Journ.," January 19, 1893.

AN infant directly after birth had attacks of cyanosis, and arrest of respiration occurring at frequent intervals. On passing a bougie a stricture was located five inches from the nostril. Two days after birth the child died. At the autopsy it was found that just below the level of the cricoid cartilage the trachea and œsophagus were firmly united by connective tissue, and could not be dissected from one another. The upper part of the œsophagus ended in a blind pouch at the union of the trachea and œsophagus. The lower part of the œsophagus had its normal diameter from the stomach upwards to nearly the lower end of the upper part, where it stopped, and communicated anteriorly at its upper limit with the trachea through an opening not more than a line in diameter. Other organs were healthy. *R. Norris Wolfenden.*

Mintz (Warsaw).—*Rare Case of Œsophageal Diverticulum.* "Deutsche Med. Woch.," 1893, No. 10.

A PATIENT, forty-nine years old, for eight years had difficulty in swallowing. The food did not enter the stomach, remaining in the œsophagus, and regurgitated after some time. When the œsophagus was filled with

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food the patient complained of pain under the sternum, dyspnœa and oppression. The soft rubber tube did not enter the stomach, but caught in a cavity over the cardia, from which, by irrigation, was removed a great deal of food. The contents of the cavity contained no hydrochloric acid. The bougie could be introduced into the stomach, and this could be illuminated by Heryng's lamp. It was thus proved that there was a true diverticulum of the œsophagus, and not, as was at first believed, a dilatation over a stricture. The treatment consisted in cleansing irrigations of the cavity. *Michael.*

Reichmann (Warsaw). — *On Large Diverticula of the lower part of the Œsophagus.* "Wiener Klin. Woch." 1893, No. 11.

ALL diverticula as yet described have been found in the higher parts of the œsophagus. The author has observed the following case of a diverticulum in the lower portion. A patient, forty-two years old, complained that he had compression in the chest after eating, and that he had difficulty in swallowing solid and fluid food. A bougie introduced was obstructed by an impediment in the lower part of the œsophagus, but shortly afterwards it could be introduced four to five inches deeper, and then came into a large space ; 500 gr. of fluid food, etc., could be emptied from this space. There could be nothing more, therefore, than a large diverticulum of the œsophagus. The same symptoms were observed by the author in a patient forty-nine years old. Here the examination of the contents of the cavity proved the absence of hydrochloric acid and pepsine, so that it could not be the stomach. In a third case, a patient, forty-four years old, complained that the food when swallowed remained in the under part of the œsophagus ; during eating the difficulty ascended, and some time later the patient remarked that the food passed into the stomach. On introducing a bougie it entered a large cavity in the lower part of the œsophagus, examination of the contents of which proved no hydrochloric acid to be present. By a further introduction of the bougie, which entered the stomach, and examination of the contents of the stomach, which gave a normal result, it was proved that in this case a diverticulum of the lower part was also the cause of the patient's troubles. The contents of the diverticulum were 100 grm. *Michael.*

Kruger (Warzburg). — *On Retrograde Dilatation of Œsophageal Strictures.* "Munchener Med. Woch." 1893, No. 12.

IN a case of œsophageal carcinoma it was not possible to introduce a bougie through the mouth, and gastrotomy was therefore performed. It was afterwards possible to introduce a thin bougie through the stricture, and a Leyden canula could be introduced, so that it became possible for the patient to eat by the mouth. The stomach wound was closed by sutures. Fourteen days later death occurred from marasmus. *Michael.*

Park, Roswell. — *Œsophageal Stricture and Gastrostomy.* "Med. News," Mar. 18, 1893.

THE patient was a girl of eighteen, who two or three years previously had gastrostomy performed for stricture from drinking hot

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lye. After a year the patulousness of the œsophagus was restored by electrolysis and sounds. The œsophagus has had to be twice dilated since, owing to neglect of treatment by the patient. She now returned to have the stomach opened again, stating that she was more comfortable so. Dr. Park, in the course of his remarks, states that he has performed celiotomies and repeated gastrostomy simply under cocaine. The patient eighteen days after the operation was walking about the wards and doing very well, wearing an improved tube in the gastric fistula.

The author makes some remarks upon tubage of the œsophagus, which he evidently does not approve of, and he says "I have not yet seen the case that I thought just fitted for such treatment."

R. Norris Wolfenden.

NOSE AND NASO-PHARYNX.

Wagner (Halle-a-S.). — *Application of Mirrors in Anterior Rhinoscopy.* "Münchener Med. Woch.," 1893, No. 10.

THE author introduces the mirrors used for posterior rhinoscopy into the vestibulum nasi, and can see the under portions of the atrium nasi. If the turbinateds are swollen he diminishes their circumference by cocaine.

Michael.

Shield, Marmaduke.—*Some Common Affections of the Nose.* "The Practitioner," April, 1893.

FOR the proper examination of the nasal cavities, a good light, a mirror, and a suitable speculum are required. Thorough cleansing of the nasal passages, by means of alkaline and antiseptic lotions, is frequently required to remove crusts and inspissated secretions. For posterior rhinoscopy a small mirror bent at a suitable angle is required. The palate may or may not have to be drawn forward by means of hooks, etc. The point of the index finger gently insinuated behind the soft palate will often give more information to the surgeon than the most painstaking examination with the post-rhinal mirror.

In advanced cases of hypertrophic rhinitis the author uses the galvano-cautery or chromic acid fused upon the end of a probe to cauterize the redundant tissue. For posterior hypertrophies he uses the steel wire loop, and subsequent applications of chromic acid.

In atrophic rhinitis the persistent use of alkaline and antiseptic solutions is required. Iodoform or iodol makes a good subsequent application. Packing the nostrils for a short time daily with pledgets of wool, powdered with antiseptic powders or impregnated with antiseptic solutions, gives relief in some cases.

In ozæna it is important to make sure that no foreign body exists in the nasal passages.

In the treatment of ordinary nasal polypi the author uses the cold wire snare for their removal, and subsequent applications of chromic

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