neglect of prophylactic means. All the rest preserved good health, although they had been put together with diphtheritic patients. In the hospital for children no infection whatever took place among those taking chlorate of potash, and at the Foundling of Madrid, where the medicine is frequently used, no case of diphtheria has been registered, even although the disease prevailed endemically all over the town. RAMON DE LA SOTA.

TONSILS, PHARYNX, &c.

SCHADEWALDT (Berlin).—**On the Localization of Sensations in the Organs of the Throat.** *Deutsch. Med. Wochenschr.*, Nos. 32, 33, 1887.

SEE the report of the subsection of laryngology in the meeting of naturalists and physicians, Berlin, 1886. This Journal, vol. i., p. 81. MICHAEL.

KEIMER (Düsseldorf).—**Case of Angioma Varicosum of the Soft Palate, of the Left Tonsil, and the Anterior Palatine Arch cured by Electro-puncture.** *Deutsch. Med. Wochenschr.*, No. 33, 1887.

THE title indicates the case. MICHAEL.

LUBLINSKI, W. (Berlin).—**Tuberculosis of the Tonsils.** *British Med. Journ.*, *August* 27, 1887.

THIS is a rare disease. No cases have been recorded in which isolated tuberculosis of the tonsils has been clinically observed. The author relates two cases in which, however, the disease was secondary to pulmonary tuberculosis. Tuberculosis of the tonsils, as a primary condition, has not been observed in man, though noted in animals fed on tubercular material.

The tonsillar tubercles described by the author in his cases were ulcerations of about the size of a lentil, the bases of which were covered with whitish detritus, and the margins of which were slightly raised, and redder than the surrounding parts. These tubercular tonsillar growths seldom break down.

Treatment must consist in destruction of the tubercles by the galvano-cautery, or covering the ulcerated surfaces with iodol.

GREVILLE MACDONALD.

POSHENYSKI, P.—Ligature of the Common Carotid of the Left Side for Ulceration of the Internal Carotid, consequent upon Phlegmonous Amygdalitis. *Gaz. Med. di Roma*, 1887.

THE case was one of intense phlegmon of the left tonsil, with exten-

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sion to the velum and surrounding parts. Spontaneous opening occurred, with copious hæmorrhage, which, although a tampon was used, recurred. The operator, considering the dangers to which he would expose the patient by ligaturing only the external carotid, and recalling the vascular anastomoses, decided to ligature the common carotid. A good recovery without any cerebral symptoms resulted, but twenty days after the operation the patient died. MASSEI.

SEIFFERT.—Clonic Spasms of the Soft Palate with Objective Ear Noise caused by Chronic Rhinitis. *Internat. klin Rundschau*, 1887, No. 29.

THE author observed a case similar to that of Schech, referred to a short time ago in this Journal. A lady twenty-eight years old was treated for a nasal catarrh by the galvano-cautery. When she came under the treatment of the author she had a dry nasal catarrh and clonic contractions of the whole of the muscles of the face. She also had clonic contractions of the soft palate and of the Eustachian tubes. Not only she herself could hear a cracking noise, but also other persons near her could hear it. She was treated with chromic acid but without result. (The reporter has also observed such a case. It was a lady of forty years of age who had nasal polypi. By unsuitable application of the galvano-cautery the openings of the Eustachian tubes were burned without removal of the polypi. For some years there resulted clonic spasm of the Eustachian tubes, with an objective and subjective cracking noise in the ear. The reporter removed the polypi with the cold wire, and the noise disappeared some months later.) MICHAEL.

BROWN, BEDFORD (Alexandria, Virginia).—**Erysipelas of the Pharynx and Larynx, Epidemic and Sporadic.** *Journ. of the Am. Med. Ass., July* 2, 1887.

THE author enters at length upon the etiology, diagnosis, symptoms, prognosis, and treatment of this affection, and gives one of the most practical, original, and thorough accounts of the disease with which we are acquainted. Speaking from the standpoint of twenty-nine years' experience, he pronounces erysipelas of the throat one of the most fatal of throat diseases, the mortality frequently ranging between 70 and 80 per cent., and even going up to 90 per cent. In the treatment, time is a vital consideration. Local applications of iodine, silver, and simple astringents are useless and deceptive. The internal use of quinia and iron is impotent for good. The indication is to produce promptly and efficiently an extensive counter irritation, and sudden dilatation of the cutaneous capillaries over the seat of

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the internal erysipelatous affection, thereby relieving the enormously engorged structures, and preventing glottis closure. This is best produced by sinapisms extensively used. Epispastics—ammonia, oil of turpentine, &c.—are inadmissible, as they establish inflammatory action sufficiently violent to cause gangrene of the skin. By pursuing the method of rapid revulsion tracheotomy has been repeatedly averted. The latter operation is not suitable to erysipelatous affections of the fauces. The disease generally attacks the tracheal wounds. Internally, the author speaks highly of the salicylate of ammonia, especially when there exists a tendency to brain trouble. J. N. MACKENZIE.

ARIZA, RAFAEL.—Granular Pharyngitis—Follicular Laryngitis—Tonsillar Hypertrophy—Treatment. *Annales de Otol y Laryngol, Nos.* 1 & 2, 1887.

ARIZA speaks of the great frequency with which these affections appear in both sexes, and the inability to assign any sufficient causation, since causes referred to—alcohol, tobacco, irritating substances, crying, unhealthy atmosphere, dust, cold, &c.—can only be considered as secondary; rheumatism and herpetism being the most important determining cause. The granular sore throat exists *ab ovo* in all persons of either sexes, whether lymphatic and sanguineous, bilious and nervous, amongst those who complain, and those who do not complain of their fauces. The granulations are either large or small, secretory or non-secretory, pink or red, with or without varicose vessels, upon a mucous membrane normal, reddish or marbled, atrophied and sunken, or tumid and projecting. In all cases seen by Ariza there has been a sensation as of a foreign body, a desire to eject it, great heat, pricking, and the characteristic "Ahem," and a useless swallowing to overcome the feeling of dryness. A hyperæsthetic pharyngitis does not constrain swallowing, a point which the author considers differentiates it from acute tuberculosis of the fauces. It can, however, be mistaken for the chronic form, but in this there is a slow and constant, although slightly graduated pain, without exacerbations and with relief which is evident only at the end of one or two weeks. In the tubercular sore throat round ulcers occur, painful to the touch, but do not exist in the hyperæsthetic form; chronic catarrh of the pharynx frequently extends to the larynx; and besides the catarrhal condition of the vocal cords, more or less paralysis of the thyro-arytenoid muscles is often observed. Hypertrophy of the tonsils is only a form of granular pharyngitis. Treatment is very easy, but cure is difficult. The parts should be washed every day with saline and antiseptic fluids, and afterwards be touched with glycerine containing iodine, tannin,

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carbolic acid, or creosote ; or with a solution of nitrate of silver (10 per cent.), or the granules should be cauterized with chromic acid, or the galvano-cautery. The secondary laryngitis yields easily to applications of nitrate of silver. The tonsillar hypertrophy is successfully treated with the galvano-caustic snare and sharp pointed knife.

RAMON DE LA SOTA.

MASUCCI.—Contribution to the Knowledge of Legal's Disease. *Giorn. Internaz. delle Sc. Med.*, 1887.

THREE cases of the above disease are related—*i.e.*, temporo-occipital cephalalgia of pharyngo-tympanic origin, chronic inflammation of the pharynx extended through the Eustachian tube to the middle ear. This condition is sometimes the only cause of obstinate neuralgia, and this subsides quickly if rational treatment is adopted. Similar cases met with by Masucci, and then unintelligible to him, become explicable in the light of Legal's researches. The author does not venture upon a pathological explanation of the disorder, but affirms that he obtained much success in treatment from the employment of nasal douches of compressed air, as first recommended by Massei, combined with local treatment.

(It is questionable if it is desirable to elevate a symptom into a special disease.) MASSEI.

FOURNIER, A.—Recurrent Herpes of the Tongue in Syphilitic Subjects. *Semaine Méd., July* 13, 1887.

IN the mouths of syphilitic subjects there frequently occurs an affection of quite a special kind, consisting in successive crops of multiple small erosions which are distinctly herpetic. These lesions are never met with in the condition of herpetic vesicles, most probably because these vesicles are essentially ephemeral, and are destroyed as soon as formed. But the erosions which follow them have so clearly the character proper to herpes, that their nature cannot be mistaken.

In the mouths of such patients is produced something analogous and identical with what is produced on the genital organs—*i.e.*, recurrent herpes of these organs. Recurrent herpes of the mouth owes its origin to the same irritations causing buccal syphilides—mercurialism and tobacco. Diagnosis was important in this case, for it was necessary to abstain from mercurial treatment, and there was no cause to prohibit marriage. JOAL.

KURZ (Florence).—**Stricture of the Œsophagus. Death from Pleuritic Perforation.** *Deutsch. Med. Wochenschr.*, No. 34, 1887.

A BOY of four years old had a stricture of the œsophagus from swallow-

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ing sulphuric acid. The stricture was so tight that fluid could only be swallowed with great difficulty. The boy became suddenly highly feverish, and died thirty-six hours later. The autopsy revealed an abscess perforating the œsophagus, the thymus, the mediastinum, and communicating with the left pleural cavity, which was in a state of high inflammation and filled with sero-purulent fluid. MICHAEL.

LE DENTU.—Note on Internal Œsophagotomy at Multiple Sittings. *Acad. de Méd., June* 28, 1887.

THE instrument devised by Maissoneuve is dangerous, especially on account of the size of its blades; he has therefore devised a series of blades of graduated sizes, the smallest being five millimètres, and the largest nine millimètres. He has applied these graduated blades in the case of a man of thirty, who had a stricture twelve centimètres long, and which only permitted the passage of a No. 11 urethral bougie. A first section was made with the smallest blade, and dilatation was thus rendered possible. JOAL.

NOSE AND NASO-PHARYNX.

MACKENZIE, JOHN NOLAND (Baltimore).—**A Contribution to the Pathology and Treatment of the Respiratory Vaso-Motor Neuroses.** *New York Med. Journ., February* 26, 1887.

THE upper respiratory tract (naso-bronchial) is the seat of periodical vascular disturbances in which paroxysmal explosions of nervous force, sympathetic or vaso-motor, play a conspicuous part. The whole tract or only a portion may be thus affected.

The two factors are, depraved condition of nerve centres, and abnormal excitability of certain portions of the naso-bronchial tract. It may be hereditary, or acquired,—*e.g.*, from prolonged irritation (nasal congestions, inflammation, polypi, chronic affections of the larynx, pharynx, and bronchi), leading to repeated and continuous vascular disturbances over certain areas (erectile tissues of nose), with subsequent irritation of nerve centres. These centres then come to be hyper-excitable. Any peripheral or central cause will then excite a paroxysm. Neurasthenia is another cause; certain diathetic conditions also lead to abrogation of the functional activity of these centres. Intense hyperæsthesia of the respiratory membrane, like the vascular engorgement, is secondary, occurring only from central irritation or paresis. This is brought about by direct impression upon the terminal nerve filaments, by indirect influence

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