and mentioned that the New York City Board of Health had undertaken to make bacteriological examinations for all practitioners of medicine free of charge. *R. Norris Wolfenden.*

MOUTH, PHARYNX, &c.

Robertson, William (Newcastle). — *Ulcer of the Tongue.* "Lancet," June 24, 1893.

A SEVERE case of ulceration and multiple nodulation of the tongue of malignant aspect. It yielded to scraping of the ulcers, galvano-cauterization of the nodules, and general treatment by means of mercurial inunction and iodide. Dr. Robertson attributes the rapid relief of pain to destruction of the terminal nerve-twigs by means of the cautery. *Dundas Grant.*

Gorokhoff, Dmitry E. (Dmitrov, Russia).—*Hard Chancre of the Buccal Mucous Membrane.* "Meditzinskoïe Obozrenïe," 1893, No. 17, p. 436.

A PEASANT girl, one year old, was admitted with an indolent, bright-red, crateriform ulcer, situated on the mucous membrane of the right cheek, at the level of the posterior molars, and measuring three-quarters of a centimètre horizontally and a half vertically. Its edges were hard and elevated, forming sharp angles both posteriorly and anteriorly. Both the edges and floor were slightly uneven, and studded with minute points of a milky colour, while the intermediary zone between the base of the chancre and the healthy mucous membrane was marked by a white line. There was present some enlargement of the submaxillary glands of the right side. A week later there supervened roseola, *plaques* on the tonsils and soft palate, etc. Under the influence of mercurial inunctions all the manifestations subsided, the buccal sore healing soundly after a month's treatment.

The inquiry elicited that the infant's syphilitic sister and nurse, aged eight, "had been in the habit of feeding the patient by her mouth"—*i.e.*, by bread thoroughly masticated by the feeder and then introduced deep into the little child's mouth by means of a forefinger.

Valerius Idelson.

Simpson, W. K.—*Sarcoma of the Soft Palate, illustrating the Degeneration of a Benign into a Malignant Growth.* "New York Med. Journ.," Oct. 28, 1893.

THE case lasted, from commencement to termination, two years and three months. The patient, a girl of sixteen, had an apparently simple papilloma removed by scissors. Sixteen months later she came under Dr. Simpson's care with several distinct papillomatous masses springing from different parts of the soft palate, and one or two on the right anterior pillar of the fauces. They were greyish-red, pedunculated masses, exactly similar to those previously removed. These were removed. During the next two months several growths were removed—sometimes removing a large portion of the soft palate; the recurrence was very

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rapid. At this time infiltration and change in the character of the growth took place. A microscopical examination proved the growth to be sarcomatous. It was freely removed by Dr. A. J. McCosh under cocaine anæsthesia. The recurrence occurred two months after, and the patient gradually sank. *R. Lake.*

De Blois, T. A.—*The Cautery in Staphylotomy.* "New York Med. Journ.," Oct. 28, 1893.

HE uses a fixed loop, and claims for this method a better shaped stump, less sloughing, and no hæmorrhage or oozing afterwards. *R. Lake.*

Ingals (Chicago).—*Follicular Tonsillitis—Intumescent Rhinitis—Cauterization—Hypertrophic Rhinitis.* "Internat. Clinics," 2nd Series, Vol. IV.

THIS lecture is illustrated by cases presenting the lesions in question. A case of acute follicular tonsillitis is referred to where at the onset, along with irritation in the left tonsil, the knees and other joints ached as if with rheumatism. In such cases the fever ranges from 103° to 105°; there is usually no difficulty in opening the mouth, etc. In follicular tonsillitis the fever is usually higher than in diphtheria, where it may be subnormal. In the latter disease there is odour *sui generis*. In tonsillitis the individual is usually ill for from four to eight days, and makes a rapid recovery without sequelæ. Treatment consists primarily in clearing out the bowels, and then using one or other of the recently introduced antipyretics, *e.g.*, phenacetin. If rheumatism is suspected, rheumatic remedies are of first importance. Many of these cases are suspected of being of septic origin; probably some are actually diphtheritic in character. As a local measure it is recommended to swab the diseased tonsillar surfaces with a 60 gr. to ʒi solution of argent. nit.

The next case described is that of a man whose complaint is that when he lies down his nose stops up. This has existed for one year, and is worse on the left side. Mucus drops down from behind the palate, due to increased activity of the mucous glands and decrease of natural evaporation by occlusion of the passages. Inspection shows the left turbinal enlarged so as to half close the passage, the right not so much so. In such a case the author considers all other remedies useless, except the snare or cautery in some form. After the cautery adhesions are to be guarded against. If exudates form over the cauterized surfaces, these are to be removed, and the part swabbed with a 10 gr. to ʒi solution of argent. nit.

The case of "intumescent rhinitis" complained of considerable stopping up of the nose, produced by frequent colds in the head. The nares stop most frequently at night, and mucus drops into the throat. There is deafness in the right ear and tinnitus. There is pain in the chest on exertion. While examination of the thorax shows nothing of a positive nature to account for the pain, inspection of the nose shows the interior fossæ four-fifths filled with enlarged inferior turbinals. The posterior ends of these bodies project far into the naso-pharynx. The pain in the chest is thought to be due to the undue exertion thrown upon the diaphragm by the manner of breathing.

The case of hypertrophic rhinitis differs from that of the former

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(intumescent rhinitis) by having his nares continuously occluded. The patient has passed the stage of markedly intermittent swelling of the turbinals. The soft parts have become permanently thickened, and the bone itself is involved in the hypertrophy. The treatment may be accomplished by galvano-cautery, chemicals, snare, or burrs. *Wm. Robertson.*

Gann, Thomas (Honduras).—*Rupture of Tonsillar Abscess into Larynx, causing Suffocation.* "Lancet," June 24, 1893.

DURING the absence of the medical attendant in order to procure a lancet to open the abscess the patient suddenly raised herself, made a gurgling noise, and fell back dead. The abscess—which had taken only two days to form—had ruptured spontaneously and suffocated the patient. [A remarkably rapid formation.—ABS.] *Dundas Grant.*

Leland, G. A.—*Recurrent Tonsillitis.* "Boston Med. and Surg. Journ.," Oct. 21, 1893.

DESCRIBES a method of dealing with tonsils in recurrent tonsillitis. He divides the tissues between the crypts by knife, scissors, and hooks, removing tabs of tissue, and painting the surface with iodine and glycerine (Mandl's solution). This operation is frequently repeated, and, in the author's hands, is uniformly successful; it is especially of service when tonsillotomy is objected to. He describes two somewhat scythe-shaped knives, which are introduced at one and brought out at another crypt, cutting the tissue between. *R. Lake.*

De Blois, T. A.—*Reducing the Tonsils.* "Boston Med. and Surg. Journ.," Oct. 12, 1893.

THIS is a paper dealing with the various measures, including the foregoing, and ending by a decided preference being given to galvano-puncture. *R. Lake.*

Meyjes, Posthumus W. (Amsterdam).—*Treatment of Chronic Catarrh of the Pharynx.* "Geneeskundige Courant voor Nederland," Sept. 4, 1892 ("Medical Journal of Holland," Sept. 4, 1892).

IN nearly all cases of chronic catarrh of the pharynx the author found that the cause of the sensibility during talking generally must be sought—(*a*) in enlargement of the so-called side-bands, which are situated quite behind the arcus palato-pharyngeus; (*b*) in enlargement of the tonsils, especially when the follicles are strongly developed; (*c*) in enlargement of the follicles of the basis of the tongue. Cauterization with chromic acid always brought healing in the cases of *a* and *c*; splitting of the follicles, according to Moritz Schmidt, in the cases of *c*, when at least removal of the enlarged part by tonsillotomy is not possible. Insufflation of a watery solution of one-half per cent. of ichthyol, applied by the patient himself every two hours, is very conducive to a rapid healing. In many cases of so-called "neurosis pharyngis" the author thinks one or more of the above-mentioned local anomalies are to be found. In real "neurotic cases" patients generally complain far more about difficulty in swallowing than about difficulty in talking. *Posthumus Meyjes.*

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Chavasse, Thomas F. (Birmingham).—*Lateral Pharyngotomy as a Method of Treatment in Malignant Disease of the Tonsil.* "Lancet," June 10, 1893.

THE left tonsil had enlarged and ulcerated so as to cause hæmorrhage, and to make deglutition difficult. The increase took place in spite of treatment, and there was a suspicion of enlargement of glands at the angle of the jaw. One incision was made from the lobule of the jaw to the cornu of the hyoid bone, and the parts were carefully divided down to the pharynx. A second incision was then made from the angle of the mouth to join the upper extremity of the first one. The diseased tonsil was easily manipulated and cut out with scissors. Feeding was confined to peptonized enemata for two days, but on the fourth day the drainage tube was removed, and mouth-feeding was resumed. The tumour was an alveolar sarcoma. The various plans for removal are narrated, and removal through the mouth is rejected by Mr. Chavasse as quite insufficient. *Dundas Grant.*

Bewley, H. T. (Dublin).—*Case of Pharyngeal Spasm.* "Lancet," July 22, 1893.

A MAN was affected with inability to swallow, and with constant hiccough. This continued for five days, when he died suddenly, two hours after having had a little milk by means of a stomach-tube. No cause for death could be ascertained. *Dundas Grant.*

Kearney, J. (London).—*Retention of a Coin in the Alimentary Canal for more than Nine Months.* "Lancet," July, 1893.

THIS was a copper coin, slightly larger than a farthing. There was no inconvenience of any kind from its presence. *Dundas Grant.*

Harrison, C. E. (London).—*A Case of Rupture of the Œsophagus.* "Lancet," April 8, 1893.

A MAN, aged forty-five, had been for several months suffering from eructation of quantities of fluid, vomiting, and loss of flesh, with signs of dilatation of the stomach, and symptoms of malignant disease. During violent retching something "gave way," and intense pain in the lower half of the left side of the chest came on. This was followed by extreme collapse. Emphysema of the neck and face supervened, and death occurred about thirteen hours and a half from the onset of the collapse. On *post-mortem* examination a longitudinal slit was found in the œsophagus, just above the diaphragm. There was no sign of thinning or ulceration. The stomach was dilated, and there was a nodule of cancer near the pylorus. The literature of this rare occurrence is reviewed. *Dundas Grant.*

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