diphtheria bacillus and streptococci are often observed in cases of the disease.

In the discussion CURSCHMANN remarked that the prognosis depends upon the state of the heart. He doubts the efficacy of local disinfection. In the first stage of the disease we sometimes find fatty degeneration of the heart, and dilatation and weakness caused by the local impediment to breathing; in the second period is observed myocarditis diphtheritica with its well-known symptoms. Disturbance of the heart also may be caused by affection of the cardiac nerves.

TAUBE recommends pyoktanin.

HEUBNER does not believe that we can definitely differentiate the heart affections of the two stages. *Michael.*

Schwartz (Constantinople).—*Treatment of Whooping Cough.* "Internat. Klin. Rundschau," 1893, No. 12.

RECOMMENDATION of nasal insufflation of sozoiodol. *Michael.*

Guttmann (Berlin).—*Insufflation of Iodium Sozoiodol in the Nose for Whooping Cough.* "Therap. Monats.," Jan., 1893.

RECOMMENDATION of this treatment. *Michael.*

MOUTH, TONGUE, PHARYNX, ETC.

Garrigues, H. J. (New York).—*Stomatitis due to Irritation of Epithelial Pearls in the Mouth of New-born Children.* "Med. Rec.," Oct. 1, 1892.

A SMALL epidemic of superficial ulceration of the palate of new-born children, in Maternity Hospital, was the occasion of a careful examination of all the babies, fifty-two in number; forty-nine of these had congenital epithelial pearls on the palate. The first twenty-seven children had their mouths washed out immediately after birth, and after each nursing, with the velvety side of a piece of lint soaked in a saturated solution of boracic acid. Of these, twelve had a more or less sore mouth, the ulceration always beginning at the epithelial pearls. In the last twenty-five cases no washing was done, and not a single one of these got a sore mouth.

The epithelial pearls are small, white, globular tumours of the size of a pinhead to that of a millet-seed, situated in the raphé of the palate, preferably at the juncture of the hard and the soft palate. They are one to five in number. The outer surface is hard, the inner part softer. They are embedded in the mucous membrane. Most of them are covered with a layer of condensed connective tissue. Instead of the round prominence there is sometimes a white line, half an inch long, in the raphé. The mass is composed of epithelial cells like those of the mucous membrane of the mouth. The outer layers are the youngest, having polyhedral form and a nucleus; those near the centre are flat, and have lost their nucleus.

Similar formations are sometimes found on the free edge of the alveolar process.

Epithelial pearls are not retention cysts, formed by occlusion of glands, but are due to inclusion of parts of the epithelium of the mouth. They are found as early as the eighth week of fœtal life, and disappear in healthy children at the end of the second month after the birth of the child. In badly nourished children they persist longer. They are found in that particular place because the palate is formed of two lateral projections, which gradually unite in the median line, from the front backward. On the alveolar process their existence is probably due to the growing together of the walls of the dental furrow over the germs of the future teeth.

Diagnosis.—Bednar's aphthæ are similar superficial ulcers, but begin laterally on the place corresponding to the hamular process of the sphenoid bone, and are usually bilateral. Sprue forms white spots, is never congenital, and attacks any part of the mouth irregularly.

Treatment.—The epithelial pearls, being physiological, should not be interfered with. If the mouth is washed out at all it should be done with plain water, a soft, smooth rag, and with great care, so as not to wound the epithelium. If stomatitis sets in by rubbing off the pearls, the best treatment of the ulcer is to swab it with water acidulated with a few drops of acetic acid, and then paint it with borax glycerine (℥j.—℥j.). It heals in a week or two. *Dundas Grant.*

Hadden (London).—*Extreme Defect in Speech.* "Brit. Med. Journ.," Feb. 4, 1893.

THIS occurred in a boy, aged six, who was intelligent, had no local defect of the mouth, etc., and was not deaf. He could pronounce labial and dental sounds, but gutturals and sounds from the back of the throat he was unable to pronounce. Dr. Hadden observed that these cases were usually curable by training. "Idioglossia" was suggested as a name for the disease. *Wm. Robertson.*

Riehl.—*Angioma of the Tongue.* Gesellschaft der Aerzte in Wien, Meeting, Jan. 27, 1893.

CASE exhibited. *Michael.*

Fox, Hingston (London). — *Chronic Hypertrophic Inflammation of the Gums with Leucocytosis.* "Brit. Med. Journ.," Feb. 4, 1893.

A MAN, aged twenty-four years, had gingivitis of several months' standing. There was caries of several teeth. The white cells of the blood were greatly increased in proportion to the red, as much as one to eight of the red. Spleen enlarged. No history of mercurial treatment, imperfect diet, or hæmophilia. The term "pyorrhœa alveolaris" (Rigg's disease) has been applied. *Wm. Robertson.*

Griffin, Harrison (New York).—*Chancre of the Mouth.* "Med. Rec.," Oct. 1, 1892.

A NUMBER of cases arising from the usual causes. The sores were generally painless, surrounded by swelling, but only ill-marked induration,

and with pronounced glandular enlargement. The situation was generally the lips, occasionally the tonsil, and in one case the under surface of the tongue. *Dundas Grant.*

Fowler, Walter (Echuca).—*Perforations through the Anterior Pillars of the Fauces.* "Lancet," Dec. 24, 1892.

SINCE his last communication ("Lancet," Nov. 30, 1889, JOURNAL OF LARYNGOLOGY, Jan., 1890) he has seen a case of permanent perforation through one anterior pillar caused by the bursting of a tonsillar abscess. *Dundas Grant.*

Piazza.—*On Periodic Angina.* "Annales des Mal. du Larynx, etc.," Jan , 1893.

FROM a case recorded by the author he draws the conclusions—

1. A form of angina exists allied to febricula, which has not, up to now, been mentioned by anyone.

2. In the course of the febricula—an infection not at all malarial—a periodic, or similar to periodic, angina may occur. *Joal.*

Seiffert (Würzburg). — *Syphilis of the Lingual Tonsil.* "Münchener Med. Woch.," 1893, No. 6.

PRIMARY syphilitic affection of the lingual tonsil has not yet been observed, but secondary affections often occur. The author has observed in some cases in which the palatine tonsils were affected with erythema or by plaques the same affection of the lingual tonsil. All cases are cured by specific treatment. *Michael.*

Gurowitsch (Odessa).—*Pathology of the Lingual Tonsil in relation to Angina Epiglottica and Glossitis Acuta.* "Berliner Klin. Woch.," 1892, No. 44.

IN some cases, in their symptoms resembling acute angina, we do not see any inflammation of the pharynx and tonsils. The symptoms are caused by acute inflammation of the epiglottis and the lingual tonsil. The disease can be diagnosed upon depression of the tongue, or by the laryngoscope. The epiglottis, the valleculæ, and the lingual tonsil are red and swollen ; sometimes the disease is combined with dyspnœa. Cure occurs in a short time in most cases. In rarer cases a phlegmonous inflammation of the lingual glands follows. *Michael.*

Dobrowolski (Warsaw).—*The Lymphatic Follicles of the Mucous Membrane of the Œsophagus, Stomach, Larynx, Trachea, and Vagina in Man and the Lower Animals.* "Pam. Tow. Lek.," 1892, Volumes 3 and 4.

UNDER the term "lymphatic follicles" the author understands a circumscribed agglomeration of leucocytes or cells similar to white blood corpuscles in a reticulum, having around them a lymphatic sinus, or in the centre a lighter space (Keimcentrum). In order to determine if there are in the mucous membrane of the œsophagus, and also of the respiratory tracts, such lymphatic follicles the author took refuge in a two-fold method of examination—*i.e.*, preparation of the sections (in series) and isolation of the mucous membrane (coloration *in toto* with borax-carmin and subsequent examination). As to the œsophagus, the author examined

this in twenty-three cases in men and in eleven of animals. He found that in the œsophagus the follicles in general rarely appear for the most part in the superior half and on the anterior wall (along with papillæ and mucous glands); he therefore maintains that they do not belong to the normally constituted parts of the mucous membrane of the œsophagus.

Of the respiratory tract, the author especially occupied himself with the examination of the pyriform sinus. He stated that in general the papillæ and mucous glands are not numerous there. As to the follicles, the author regards the pyriform sinus in his cases (sixty) under four categories. In the first and the most numerous (almost half) cases there were no folliculi, only a circumscribed infiltration under the epithelium. In the second (less numerous) class the adenoid tissue under the epithelium contained nodular agglomeration similar to the follicles of the tonsils. In the third class the adenoid tissue appeared in the form of single sacciform glands, identical with those of the base of the tongue (Zungenbalgdrüsen). Finally, in the last class (eight cases) these glands (sacciform) were agglomerated in the shape of the tonsil (tonsilla laryngea saccus, sinus pyriformis saccus, fifth tonsil). This latter was present in six cases on both sides—generally at the bottom of the pyriform sinus—and was more or less of the size of a bean. The tonsil was composed of four to fifteen sacciform glands. The author regards the laryngeal tonsil as a normal, though not constant, organ, similar to the lingual, pharyngeal, and faucial tonsils.

In general the basis of adenoid tissue, which in this or some other form constantly exists in the pyriform sinus, is the cause of the comparatively frequent follicular inflammation (catarrhal, tubercular, syphilitic, etc.) In the larynx, trachea and larger bronchi lymphatic follicles generally appear rarely, and in small quantities. In a quite healthy mucous membrane of the respiratory tract they appear very rarely, and that only in certain places (posterior surface of the epiglottis, plica ary-epiglottica, ventriculi Morgagni, and pars inter-arytenoidea). They are more frequent in chronic catarrhs, and then occur in the same places (laryngitis, tracheitis, and bronchitis follicularis saccus nodularis). One must not confuse laryngitis follicularis with glandularis (this latter being more frequent, acute, or chronic, and localized in the mucous glands).

As to the minute details of this extensive and very interesting paper, the work must be read in the original. *John Sendziak.*

Brady.—*Notes on Foreign Bodies in the Pharynx and Larynx—with Cases.* "Australasian Med. Gaz.," Sept. 15, 1892.

THE author of this paper gives us a good deal of practical advice as to where to look for such foreign bodies, and how to remove them with finger-nail, pharyngeal or laryngeal forceps. Some successful cases are included. *B. J. Baron.*

Marsh (Birmingham).—*Primary Syphilitic Sore on the Tonsil.* "Brit. Med. Journ.," Feb. 4, 1893.

THIS occurred in a woman, aged forty-eight years, whose throat had felt troublesome for five weeks, and sore for some days. On the upper

aspect of the left tonsil there was a circular sore of the size of a shilling, the base of which was hard. Surface excoriated and superficially ulcerated on the posterior margin. A group of glands in the parotid region were enlarged and hard. Afterwards a copious secondary eruption, chiefly roseola, appeared. Both lesions disappeared under treatment.

Wm. Robertson.

Sendziak (Warsaw).—*Some Remarks upon the Use of the Galvano-Cautery Snare in Hypertrophy of the Tonsils.* "Rev. de Laryngol.," Feb. 13, 1893.

THE author prefers the cautery to the tonsillotome, especially in the adult, for fear of hæmorrhage. He has never seen the least unfavourable secondary accident. *Joal.*

Sendziak (Warsaw).—*An Unusual Case of Sarcomata Multiplicia Cutis et Lympho-Sarcoma Tonsillæ Dextræ.* "Gaz. Lek.," 1892, No. 44.

A PATIENT, aged forty-eight, a peasant, came to the hospital complaining of a growth in the throat, as well as of numerous nodules on the skin. The disease had lasted half a year. The first symptom was a nodule upon the left leg; afterwards there appeared on the skin, especially of the upper half of the body, numerous dark nodules, and, lastly, they occurred in the throat. The nodules on the skin increased gradually, the growth in the throat impaired swallowing and respiration. No history of syphilis. On examination very numerous nodules of dark colour were found of variable size up to the dimensions of a hazel nut upon the skin of the superior extremities and trunk, and also a growth of the size of a large orange upon the left leg. In the throat the right tonsil was of the size of a hen's egg, and filled up the whole isthmus faucium.

The author fully extirpated the growth in the throat without any bleeding, by means of the galvano-caustic loop. Under the microscope the author found it to be lympho-sarcoma. One of the extirpated nodules of the skin proved to be sarcoma globo et parvicellulare. During his seven weeks' stay at the hospital, where he took only arsenic internally, the nodules of the skin began gradually but distinctly to diminish, so that at his leaving the hospital (at his own request) it was stated that the growth on the leg had diminished at least to one-third of its former size. Some of the nodules of the skin had entirely disappeared, leaving behind them blue coloration of the skin, and others were more or less considerably diminished. It is an exceedingly interesting case, the fourth recorded in literature, of the favourable influence of arsenic upon sarcoma (lympho-sarcoma) of the skin. *John Sendziak.*

Eddison (Leeds).—*Fatal Hæmorrhage from Varicose Œsophageal Veins.* "Brit. Med. Journ.," Feb. 4, 1893.

THE œsophagus was shown, the opening in one of the veins and the general varicose condition of the veins in the lower part of the œsophagus being easily seen. The patient was a man, aged sixty years, who had had syphilis when about twenty-five, and had drunk to excess since about his twentieth year. In 1890 he suddenly vomited about two pints of blood. He was repeatedly tapped for extreme abdominal ascites. He suddenly brought up several pints of pure blood, and passed some with the

stools, and died on the following day from exhaustion. The liver was contracted and misshapen. The veins in the lower part of the œsophagus were greatly enlarged, and there was a distinct opening in one, leaving no doubt as to the source of the hæmorrhage. Stomach normal. Dr. Eddison was of opinion that hæmorrhage from the œsophageal veins was common, and that rupture of these veins was by far the most common cause of hæmatemesis, apart from ulcer of the stomach or other disease causing loss of substance. He had seen other cases of the same kind.

Wm. Robertson.

Sharpless, W. T.—*Three Cases from Private Practice.* "Med. News," Dec. 17, 1892.

ONE of the cases was that of a man who had swallowed a plate of artificial teeth, which was minus the two teeth it had originally carried. Severe spasmodic pain was felt at the cardiac orifice of the stomach, and the passage of a soft stomach tube was arrested at this point. Copious emesis failed to dislodge the plate, and with a stiff œsophageal bougie it was pushed into the stomach with instant relief to the pain. The "potato treatment" was then adopted, and within forty-two hours from the time of swallowing it was passed per rectum. The plate was one and a half by one and a quarter by five-eighths inches in size.

R. Norris Wolfenden.

Rolleston, H. D. (London).—*Œsophageal Sarcoma; Secondary Growths in the Bones.* "Brit. Med. Journ.," Feb. 11, 1893.

THE œsophagus had been perforated by the growth giving rise to abscess in the lung. The secondary growths were found to involve many of the ribs, the right iliac bone, and the middle fossa of the skull. The author had expected to find the growth a lympho-sarcoma, but it was not.

Mr. SHATTOCK observed that there was no reason for such an expectation, since the mucosa of the œsophagus was of the usual structure, while that of the stomach and intestine consisted largely of lymphatic tissue where the form of sarcoma found is a lympho-sarcoma. *Wm. Robertson.*

Brenner (Linz).—*Case of Œsophago-Tracheal Fistula and Stenosis of the Œsophagus.* "Billroth's Festschrift," 1892.

A CASE of congenital fistula and stenosis cured by two operations. The fistula could only originate from embryonic malformation. This is, however, not clear, because feeding for twenty years had been normal, and the fistula and the stenosis gave rise to the first symptoms in the twenty-first year of age. *Michael.*

Hacker (Wien).—*Statistics and Prognosis of Cauterization of the Œsophagus and its Consequent Strictures.* "Billroth's Festschrift," 1892.

IN ten years one hundred and thirty-one cases of cauterization of the œsophagus have been observed in Billroth's clinic. One third of all cases died from intoxication. Most of the surviving cases were followed by stricture; one third of these also died from the consequences of the strictures. *Michael.*

Cordenwus.—*Case of Œsophagotomy.* "Journ. de Med. et de Chirurg. de Bruxelles," Oct. 24, 1892.

A YOUNG girl had swallowed a case of false teeth, and this was arrested at the level of the cricoid cartilage. After all attempts at removal had failed an operation was performed, which resulted in recovery of the foreign body, and the patient shortly afterwards left the hospital cured.

Hicguet.

Von Noorden (Breslau). — *Contribution to the Technique of Gastrotomy in Œsophageal Stenoses.* "Berliner Klin. Woch.," 1893, No. 2

DETAILS of the operation, only of surgical interest. *Michael.*

Ewald (Berlin).—*On Strictures of the Œsophagus, and a Case of Ulcus Œsophagi Pepticum, with consecutive cicatricial constriction, in which Œsophagotomy was performed. Report on Experiments on the Physiology and Pathology of the Stomach made upon a Patient with Fistula Ventriculi.* "Zeitschrift für Klin. Medicin," 1892, Heft 4 to 6.

THE title indicates the nature of the communication. *Michael.*

NOSE, NASO-PHARYNX, &c.

Permewan, W. (Liverpool).—*The Relation of the Nose to Chronic Respiratory Disease.* "Liverpool Med. Chir. Journ.," Jan., 1893.

AFTER insisting on the importance of the respiratory function of the nose, and referring to the observations of Aschenbrandt and Greville Macdonald on this point, the author discusses the causal relationship between nasal obstruction and chronic inflammatory disease of the larynx and bronchi. He suggests that as every laryngologist now examines the nose in treating a case of chronic laryngitis, so, in the future, the natural respirator, the nose, will be examined in all cases of chronic bronchitis.

The second part of the author's article deals with nasal disease as a cause of asthma. He summarizes the writings of Bosworth and Schmiegelow on the subject, and adopts the theory of Sée that an asthmatic paroxysm depends on spasm of the inspiratory muscles, with vaso-motor disturbance of the bronchial mucous membrane.

Middlemass Hunt.

Sendziak (Warsaw).—*Croup, or Diphtheria of the Nose.* "Gaz. Lek.," 1892, Nos. 34 and 35.

THE patient, a physician, thirty-one years of age, when shaving was wounded by the razor on the right side of the chin. Some days afterwards general symptoms (fever and weakness) appeared, the wound became covered with a dirty exudation, and the lymphatic glands of the neck on the corresponding side were enlarged. A week after, when the general symptoms had almost entirely disappeared, acute catarrh occurred in the right half of the nose, with secondary formation of pseudo-membranes, which continued with status afebrilis to be formed during