MOUTH, Etc.

Bosquier.—*Ulcero-Membranous Angina, with Fusiform Bacilli on a Tonsil affected with Chronic Hypertrophy.* "Journ. de Clin. et Ther. Infantile," May, 1899.

The author publishes the case of a youth, aged fourteen, affected with angina, with slight fever, one tonsil presenting the appearance of an ulcero-membranous angina. The exudation was of considerable thickness, slightly adherent and covering an anfractuous ulcer. Bacteriological examination confirmed the presence of micrococcus tetragonus, some streptococci, some spirillæ, and lastly the fusiform bacilli described by Vincent. *A. Cartaz.*

Froisart.—*Gummata of the Tonsils.* University Thesis, Lille, 1899.

Tertiary syphilitic lesions of the tonsils are, in the opinion of the writer, rather rare. Gummatous ulceration of the tonsils has a characteristic appearance, that of a hollowed-out wound, circular in form, with sharply punched-out edges surrounded by a hard, infiltrated, red and prominent areola. Generally unilateral, it is found most frequently on the right side. It is painless at first, but afterwards becomes difficult to tolerate, and when the ulceration reaches the pillars of the fauces the dysphagia may be intense.

Non-ulcerated gummata, or gummata with quite superficial ulceration, are rather more rare than the ulcerated ones. *A. Cartaz.*

Jones, Robert.—*Foreign Bodies in the Pharynx and Œsophagus.* "The Lancet," May 6, 1899.

The article is a consideration, with some personal experiences, of the guiding principles in the treatment of foreign bodies in the upper food passages. From a study of his own cases of œsophagotomy and a perusal of general results, the author submits the following conclusions: (1) That bodies which have lain for some time and given rise to symptoms of obstruction, irritation or dyspnœa should be operated upon without delay; (2) that forcible attempts at extraction by the mouth are to be condemned; (3) that sharp or irregular impacted bodies specially demand œsophagotomy; (4) that in certain cases gastrotomy is indicated and in some a combination of gastrotomy and œsophagotomy; (5) that where the wound in the œsophagus is jagged or its walls inflamed no stitches should be used; (6) that the routine practice where the œsophageal wound is clean cut is to stitch it up with a continuous suture, care being taken, as in the case of the intestine, not to pierce the mucous coat; (7) that only in very exceptional cases, where no danger of suppuration and infection exists, should the external wound be closed; and (8) that liquid food may be given by the mouth in about twenty-four hours after operation.

StClair Thomson.

Malherbe, Henri.—*Lingual Tuberculosis.* "Gaz. Méd. de Nantes," July 8, 1899.

Sailor, thirty-two years old. No syphilis, nor excess in tobacco or alcohol. The disease appeared five years ago by little patches on the tongue, with alternative periods of improvement and relapse. The anterior two-thirds of the tongue were smooth and glossy, as if varnished; the papillæ seemed to be completely absent, and on that part there appeared a series of little red papules, with yellow vesicular

points. These papules were the size of a pea, and contained a sero-purulent fluid, and after evacuation a liver-red ulceration was left, which healed without any apparent scarring.

A bacteriological examination of the pus has not revealed Koch's bacillus; but the author believes it is tuberculous. On the hands the patient has had similar patches and papules. *A. Cartaz.*

Monmarson.—*A Study of Rheumatism of the Pharynx.* "Journal de Médecine de Paris," May 14, 1899.

The author relates three cases of rheumatismal pharyngitis, which present two distinct forms — diffuse and local. The diffuse form extends laterally, and in the prevertebral region, to all the pharyngeal muscles; probably the inflammation is also in the cervical vertebræ. In the localized form, the articular surfaces are particularly affected with the fibrous periarticular tissue. The objective symptoms are absent, but it is more or less painful, with dysphagia. The iodine treatment is efficacious. *A. Cartaz.*

Schneider, G.—*Angina with Fusiform Bacilli.* "Presse Méd.," June 17, 1899.

The author relates a case of ulcerative tonsillitis presenting an appearance of syphilitic ulceration, and rapidly cured by local treatment. In the exudate were found a number of fusiform bacilli with spirilli. *A. Cartaz.*

Walsham, Hugh.—*A Note on the Occurrence of Epithelial Pearls in the Tonsil.* "Lancet," April 29, 1899.

The late Professor Kanthack,* in an interesting paper, called attention to the occurrence of epithelial pearls in the tonsils of human fœtuses and new-born infants, and pointed out that they occurred as retentions and not as embryonic inclusions. Professor Kanthack, in a later paper, published in the *Journal of Anatomy and Physiology*, vol. xxvi., brought forward weighty arguments against the pearls which are found in the mid-line of the palate, and in the other places being due to inclusion products, as described by Mr. Bland Sutton in his lectures on Evolution in Pathology. The occurrence of these epithelial pearls in the tonsils of adults is not altogether rare, and while making some observations on the occurrence of tubercle in the tonsil the author met with three very good specimens in the tonsils of men aged twenty-seven, thirty-one and thirty-five years respectively. The occurrence of these pearls in the organ is of interest, because there can be no doubt that they are the origin of at least some of the so-called tonsil calculi. The centre of these pearls shows no definite structure; it is only on carefully examining the periphery that we see that they are composed of horny, squamous epithelial cells pressed tightly together. They bear a very close resemblance to the epithelial cell nests found in some of the epitheliomata. These pearls are clearly retention products, and cannot possibly be due to epithelial inclusion, as no fusion of epithelial surfaces takes place in the tonsil. Their occurrence, as before said, is not altogether rare, but these are the only three examples met with out of 150 post-mortem examinations of tonsils made with reference to this point. Professor Kanthack once informed the writer that since 1889 he had fairly often observed epithelial pearls in the tonsils at all ages. But in addition to these

* Kanthack, *Illustrated Medical News*, November 9th, 1889.

retention pearls we find epithelial accumulations in the adenoid tissue of the tonsil which apparently has not before been described. They are mostly to be found in the centre of one of the closed lymphatic follicles, and have no connection with the epithelium lining the tonsillar crypts. According to Professor Retterer,* both the ectoderm and mesoderm take part in the formation of the tissue composing the closed follicles of the tonsil. He says the tonsil is formed by epithelial involutions and swelling of the mesoblastic tissue, then by the formation and detachment of terminal epithelial buds. The closed lymphatic follicles are formed by the formation round these buds of lymphoid tissue. As life advances this central epithelial accumulation disappears. Specimens of tonsils from young persons show these epithelial accumulations in the centre of the follicles. They cannot, therefore, be regarded as either retention or inclusion products, but the writer thinks that they are produced by the normal evolution of the organ. *StClair Thomson.*

NOSE.

Ball, James B.—*Paroxysmal Sneezing and Allied Affections.* "The Lancet," February 11, 1899.

This is a general consideration of the subject, to a great extent founded on the personal experience of 112 cases. One of these patients once counted the number of sneezes, and found that she sneezed 294 times consecutively. The number of pocket-handkerchiefs used may amount to twelve or thirteen a day. Exactly one half, *i.e.*, fifty-six, of the author's patients suffered from definite asthmatic attacks. Of the 112 patients there were fifty-nine males and fifty-three females, so that the sexes are pretty evenly divided. The majority of patients presented themselves between the ages of twenty and forty, but the disease as a rule develops in the earlier period of life, although it may begin at any age. After considering the local conditions which sometimes accompany the affection, and its general progress, he reviews the treatment by the galvano-cautery, chromic acid, or surgical measures for intra-nasal treatment. Of internal treatment he mentions quinine, belladonna, arsenic, and iodide of potassium. He frequently employs a pill containing 1 grain of sulphate of quinine, $\frac{1}{16}$ of a grain of iodide of arsenic, and $\frac{1}{12}$ of a grain of extract of belladonna, to be taken three times a day, the arsenic and belladonna to be increased according to tolerance. He also employs cocaine, menthol, and menthol-camphor intra-nasally. *StClair Thomson.*

Chauveau, C.—*Nervous, Cardiac and Digestive Troubles in Ozæna.* "France Médicale," April 14, 1899.

The author found in eleven of sixty-five cases of ozæna nervous heredity, with degenerative symptoms. He believes the ozæna is probably of trophic origin rather than from various bacteria described.

The cardiac troubles have been noted by some physicians. Chauveau found two cases of pseudo angina pectoris, ten cases of palpitation, frequently some cardiac failure; these troubles were usually of reflex origin. Six times only were they true cardiac lesions.

* Retterer: "Origine et Évolution des Amygdales chez les Mammifères," *Journal de l'Anatomie et de la Physiologie*, 1888.