

## MOUTH, TONGUE, PHARYNX, &c.

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**Cerné** (Rouen).—*Atrophic Cancer of the Tongue.* Société de Chirurgie, March 9, 1890.

THE author exhibited a rare and peculiar anatomical specimen occurring in a woman, aged seventy-three, who died in the hospital. The specimen was an atrophic scirrhus of the tongue. This organ, which had preserved its ordinary form, was reduced in all its dimensions, and presented very nearly the appearance and size of the tongue of a parroquet. The tongue was invaded throughout by a pavement tubular epithelioma. (Atrophic scirrhus of the old writers). *Joal.*

**Limont** (Newcastle-on-Tyne).—*Leukoplakia.* "Brit. Med. Jour.," Jan. 4, 1890. Northumberland and Durham Med. Soc., Nov. 14, 1889.

EXHIBITION of a man, aged sixty, the subject of this complaint. There was a history of excessive smoking for forty years. Changes on the tongue had been observed by the patient eight months previously; treatment had been ineffective; now several ulcers were present, and round one there was a suspicious induration. *Hunter Mackenzie.*

**Sokoloff, Nil J.** (St. Petersburg). — *On Ulcerative Stomatitis.* "Vratch," No. 43, 1889, p. 959.

IN the course of 1888 and 1889, the author came across 13 cases of ulcerative stomatitis in adults, all ending in recovery. Nearly in all, the tonsils and posterior wall of the pharynx were simultaneously affected. The disease usually commenced with intense malaise, vomiting, diarrhœa and fever. In severe cases, the latter lasted during the whole course of the affection, its type on the whole resembling enteric fever, while in mild cases the temperature returned to the normal about the end of the first week. In some patients abscesses under the tongue or in the organ itself were observed; in two, an erythematous (patchy or confluent) rash occurred; in two, albuminuria was present. The liver and spleen remained always normal. The duration of the affection varied between fourteen and fifty-six days. In one case a direct infection was noticed (a patient who was recovering from some grave disease, contracted ulcerative stomatitis from his neighbour). Bacterioscopic examination revealed the presence of ordinary streptococci, but no specific microbes. *Valerius Idelson.*

**Simanovsky, Professor Nikolai P.** (St. Petersburg).—*On Epidemic Ulcerative Inflammation of the Oral and Pharyngeal Mucous Membrane.* "Vratch," Nos. 1, 4, 5, and 7, 1890, p. 3.

AFTER giving an able sketch of the pathology and clinical course of ulcerative stomatitis, the author proceeds to describe eight cases (referring to five men, aged from twenty to thirty-two, and three women, aged from twenty-three to fifty) which came under his observation during the period, December, 1888, to April, 1889. In two of them

ulcerative stomatitis alone was present, while in the remaining six either the fauces or pharynx, or both, were also affected with a similar ulcerative inflammation. The faucial lesions were usually limited to one side, the ulcers being situated either on the tonsil or on the posterior wall of the fauces (or the mucous membrane covering the lymphoid tissue, which was found to be considerably swollen in such cases). In one of three cases, in which the patient's urine was examined, albuminuria was detected. Bacterioscopic examination of the discharge gave negative results. No direct infectiousness was noticed. The causation of the disease remained altogether obscure. All the patients recovered. The treatment consisted in gargling and painting with a solution of chlorate of potassium (ʒj to ʒvi of water), or gargling with a two per cent. boracic acid solution, or with salol (two teaspoonfuls of a six per cent. alcoholic solution to a tumblerful of water), or borax.

In an appendix to the paper Professor Simanovsky says that in the course of December, 1889, he met with further six cases of typical ulcerative stomatitis (without any affection of the fauces or pharynx) in adults, in one of which (in a girl of twenty), complicated with influenza, a partial necrosis of the alveolar process of the upper jaw supervened.

*Valerius Idelson.*

**Browne, Lennox** (London).—*Elongation of the Uvula as a Cause of Laryngismus.* "Brit. Med. Jour.," Feb. 15, 1890.

THE author points out that, in the case of young children with non-enlargement of the faucial tonsils, elongation of the uvula is due to paresis of the soft palate, which in its turn is almost invariably caused by enlargement of the pharyngeal tonsil (adenoid growths). He expresses the conviction that in almost every case of laryngismus, tetany or convulsions, the subject is a mouth-breather owing to these growths. The author also refers to hypertrophy of the lingual tonsil, and says that when this condition is present in the young, there always co-exists a similar condition of the faucial or pharyngeal tonsils.

*Hunter Mackenzie.*

**Rersting** (Würzburg).—*Contribution to the Pathology of the Lingual Tonsil.* Verhandlungen der Medicinisch. Physical Gesellschaft in Würzburg, 1889.

DESCRIPTION of seventeen cases observed in the clinic of Dr. Seifferts, and analysis of the symptoms.

*Michael.*

**Moure.**—*Tonsillotomy followed by Serious Hæmorrhage.* Société de Chirurgie, April 20.

CASE of a child aged seven, on whom had been performed the operation of tonsillotomy for a considerable hypertrophy of the tonsils, which were the seat of an active inflammation; after the operation, which was performed the same day on the two sides with the instrument of Fashens'ock, only a small quantity of blood escaped; but, in the middle of the night, a severe hæmorrhage of the left side supervened; it was arrested with some difficulty by means of pressure and of iced drinks. Eight days later a similar hæmorrhage occurred without apparent cause, and, on examining the bleeding surface cleared of blood, the existence of

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a little eschar was determined. The same day a permanent cure was effected. Although it is not very uncommon to meet with cases of hæmorrhage, consecutive to tonsillotomies, in adults, they should be on the contrary very exceptional in the case of children, for in the researches that Moure has made on this subject, he has not been able to find a single case of such hæmorrhage. The fact which he has recorded is, then, interesting from this point of view ; and, besides, it is instructive as showing that the removal of inflamed tonsils should be avoided, and that it is wise to carefully watch young patients on whom the operation has been performed for some days. *Joal.*

**Holst** (Jena).—*Hæmorrhages following Tonsillotomy : their Etiology, Prophylaxis, and Treatment.* "Internat. Klin. Rundschau," No. 21, 1890.

SEVERE bleeding after tonsillotomy is happily not a very common occurrence. The carotid cannot be cut, as some authors imagine, but sometimes the pharyngea ascendens is cut if the tonsil is too strongly drawn forward, and the fold between it and the palate is wounded. If the tonsil is very hard from cirrhotic metamorphosis the lumen of the arteries cannot close after excision, and bleeding follows. If it is inflamed when tonsillotomy is performed, parenchymatous hæmorrhages often follow. Some authors believe that tonsillotomes are dangerous, and prefer extirpation with a simple knife. The best prophylaxis is to extirpate only two-thirds of the organ. The danger is less, and the effect the same, because the remaining part atrophies. Slight hæmorrhages are treated by ice and styptics ; severe, by the hot iron, or ligature of the carotid. Tracheotomy and tamponing of the pharynx may be necessary. *Michael.*

**Quénu.**—*Some Untoward Occurrences connected with Tonsillotomy.* Société de Chirurgie, Mar. 7, 1890.

THE accidents connected with tonsillotomy, have, for some time led the author to give up this operation. He has practised a considerable number of times igneous cauterisation of the tonsils, and has never observed any accident. Atrophy always ensued after a short time. Three or four sittings or more, separated by intervals of a fortnight's duration, he has always found sufficient. He adds that it is necessary to employ the galvano-cautery and not the thermo-cautery, because the action of the first instrument is much more limited. He is therefore a supporter of cauterization in the case of the child as in that of the adult. *Joal.*

**Schmit** (Versailles).—*Primary Carcinoma of the Tonsils.—Sudden Death.* Société de Chirurgie.

THE author read a communication on this subject. It related the case of a man aged seventy-two, without hereditary or diathetic antecedents, in whom a tumour of the right tonsil appeared in October, 1887, which presented the symptomatology of cancer of this organ. Pain, alteration of voice, deafness, dysphagia, hæmorrhage, fœtid breath, compression of the vessels of the neck, etc. The patient was found dead in bed a few

moments after he had been heard to cough. The author laid stress on the rarity of primary carcinoma of the tonsil and on the still greater rarity of its termination in sudden death, which has only been observed twice (the case of Richardson and that of Prévau). He then enquired into the different hypotheses which are capable of explaining the death of his patient, and appeared to favour somewhat the hypothesis of death from asphyxia due to the passage into the larynx of a fragment of the tumour detached by the effort of coughing, or possibly to death from bulbar anæmia and syncope produced by the compression which the tumour exerted on the vessels of the neck. *Joal.*

**Jacobson, Alexander V.** (St. Petersburg). — *On Syphilitic Stenoses of the Pharynx.* "Vratch," No. 17, 1890, p. 401.

REFERRING to the great rarity of severe syphilitic cicatricial stenoses of the pharynx, the author describes two typical cases from his own practice, one of which refers to a gentleman, aged fifty, who had suffered from hard chancre about thirty years previously, had repeated attacks of and suffered from throat symptoms, and lost his voice about a twelvemonth before his coming under the writer's observation. On examination the soft palate, uvula, and tonsils proved to be completely destroyed, their site being occupied by a mass of cicatricial tissue. The hard palate posteriorly presented a perforation leading into the naso-pharynx. Across the space between the root of the tongue and the posterior wall of the pharynx there was stretching an oblique membrane adherent to the posterior pillar, and containing a median button-hole orifice, one centimètre long. The patient was emaciated, his breathing difficult and noisy, speech exceedingly indistinct, and hearing bad; there was also present ulceration of the nasal mucous membrane. All attempts at mechanically dilating the slit having failed, the membrane was incised at several spots, and Schroetter's tube, No. 3, inserted. Fifteen days later the operation was repeated. The patient's state improved to such considerable extent that he could be soon discharged, being directed to practise dilatation by means of a special forceps-like instrument.

The other case is that of a woman presenting similar lesions, with the difference that the orifice in the cicatricial pharyngeal membrane had a circular outline. The patient was breathing with extreme difficulty, and rapidly losing flesh. The treatment consisted in dividing the anterior faucial pillar by means of a thermo-cautery, and a subsequent dilatation of the wound with Schroetter's tubes. Complete relief was obtained.

The author has been able to collect from international literature not more than twenty-six similar cases. Dr. Sokolowski, of Warsaw, is said to be the only Russian (or rather, Polish) observer who has published a paper on the subject with the notes of two cases. [In the *JOURNAL OF LARYNGOLOGY AND RHINOLOGY*, April, 1890, p. 158, Dr. Colcott Fox's case may be found, referring to a girl of fourteen with hereditary syphilis.—*Reporter.*] *Valerius Idelson.*

**Robertson, William** (Newcastle-on-Tyne).—*Adhesion of Soft Palate to the Posterior Wall of Pharynx.* "Brit. Med. Jour.," Feb. 15, 1890. Northumberland and Durham Med. Soc., Jan. 9, 1890.

EXHIBITION of a woman with this peculiarity, without any specific history. The adhesions were treated by the knife, and the patient was now wearing a small perforated vulcanite plate, with benefit.

*Hunter Mackenzie.*

**Ehrmann** (Wien).—*Pharyngeal Sclerosis acquired by Feeding Syphilitic Children.* "Wiener Med. Woch.," Nos. 18 and 19, 1890.

1. A PATIENT, fifty-eight years old, fed a syphilitic girl, and often took the spoon with the food into her mouth to determine if it was too warm. She related that four months ago she had an affection of the right tonsil, which was very painful and accompanied with great swelling of the organ. There was also a very much enlarged gland in the neck. Extirpation of the tonsil at that time was proposed but not allowed by the patient. There is now a cicatrix on the tonsil, plaques in the mouth and on the vulva, and a syphilitic exanthem. Cure by anti-syphilitic treatment was obtained.

2. A girl, sixteen years old, nurse in a family where husband, and wife, and a child were under treatment for syphilis, got a feverish condition of the throat. A physician believed it to be diphtheria. The left tonsil was transformed into a cone, on the surface of which was an ulcer with a sharply defined loss of substance. The glands of the neck were swollen. The patient had fed the child. Examination showed that she was a *virgo intacta*, and had no signs of syphilis on the body. The primary affection was cured by local treatment. Some weeks later roseola, psoriasis palmaris and plantaris followed. Cure was obtained by inunctions.

*Michael.*

**Lettrille.**—*Severe Œsophageal Hemorrhage.* Société Anatomique, March 19, 1890.

THE author showed microscopical sections of an œsophagus from a case of severe hæmorrhage of this organ. The hæmorrhage, which caused death, proceeded from the surface of small ulcerations in whose floor lay a dilated vessel of the mucous membrane; there were also numerous other vascular dilatations. The layers of the œsophagus were not in other respects altered; this tube presented throughout its extent enormous dilatation. M. Lettrille thinks that the case was one of congenital dilatation.

*Joal.*

**Antonoff, Vladimír E.** (St. Petersburg).—*Case of Perforation of the Œsophagus by a Swallowed Bone.* "Bolnitchnaia Gazeta Botkina," No. 13, 1890, p. 306.

THE writer details the case of a robust peasant, aged thirty, a habitual drinker, who was admitted to the Alexandrovsky Pavilion Hospital on account of intense diffuse pain about his chest; cough, with scanty expectoration, difficult breathing, anorexia, fever, and general weakness. According to the man's statements, a week previously, when, being moderately intoxicated, and eating *shtchi* (cabbage soup, a Russian national dish), with meat, he accidentally swallowed a "tiny" piece

of bone, which had stuck in his throat, causing considerable pain, but then somehow "passed down." On the next day the said symptoms appeared to steadily go from bad to worse. On examination of his chest nothing beyond bronchitic râles could be detected, but on the next day (eighth after the accident) prolonged expiration, and, on the subsequent one, dulness below the right scapula made their appearance, the patient suddenly expectorating a tumberful of foetid, rusty sputa. On the ninth day after the accident the man died from increasing difficulty of breathing and cardiac failure.

At the necropsy there was found a flat, triangular, sharp-edged piece of bone, three and a half centimètres in its largest diameter, fixed in the gullet just above the right bronchus, the right and left œsophageal walls at this level being ulcerated and perforated. The right perforation communicated on one side with the adjacent lung, the lower lobe of which was affected with disseminated gangrene, and on the other with the trachea, on the posterior wall of which, two centimètres above the bifurcation, there was found a circular clean-cut hole. Each pleural cavity contained about one pint of turbid serum, the walls being lined with a thin fibrinous coat.

Dr. Antonoff justly observes that any attempt at sounding the œsophagus under such circumstances would necessarily accelerate perforation of the organ and a fatal issue. *Valerius Idelson.*

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## LARYNX.

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**Hermann** (Zürich).—*Phenoto-photographic Studies*. "Pflüger's Archiv." Bd. 45, pp. 582.

THE author has produced in an ingenious manner photographic curves of the motion of a light produced by singing. *Michael.*

**Rosbach** (Jena).—*Contribution to the Localisation of the Cortical Voice Centre of Man*. "Deutsch. Archiv. für Klin. Medicin," B. 46, Heft 2.

THE author refers to the cases of paralyses of the vocal cords by cerebral affection recently published, and adds one case occurring in his own practice. The patient, fifty-six years old, suffered from apoplexy, followed by unconsciousness during half an hour, and some weeks later, by paralysis of arms and legs. She spoke with an aphonic voice. The laryngoscope showed the left vocal cord immobile in the cadaveric position. The mobility of the right cord was somewhat diminished. Four weeks later death ensued. The *post-mortem* examination showed in the insula of the right cerebral hemisphere only a small part of the upper gyrus intact, the greater portion of it being destroyed; the anterior part of the insula and gyrus was intact. There were also in the cerebrum other pathological processes by which the different symptoms were explained. The author speaks at length on the possible different causes of the vocal paralysis, and concludes that it must be produced by the affection of the