invariable custom, at the Throat Hospital in London, to put even young children under anæsthetics, and remove the growths at one operation. Young patients cannot be got to tolerate frequent operations, and it is only in intelligent young adults, from whom assistance may be obtained, that the use of curettes or instruments without anæsthesia is admissible. Though there is much hæmorrhage, there is less in the operation with the post-nasal forceps, under anæsthesia, than in scraping with the curette, with or without anæsthesia. The advantage of the post-nasal forceps and anæsthesia is that one operation suffices ; but this is rarely the case with the curette, or without anæsthesia.] **Wolfenden.**

KILLIAN (Worms).—**Contribution to Empyema of the Antrum of Highmore.** *Monatsschr. für Ohrenheilk.*, 1887, *Nos.* 10 *and* 11.

A GOOD review of the subject, containing nothing original. **Michael.**

MOUTH, TONSILS, PHARYNX, &c.

DAVID.—Aphthous Stomatitis and its Origin. *Archiv. Gen. de Médecine, October*, 1887.

FROM this excellent essay one may conclude :—1. That there is a striking analogy between a disease of human beings and a contagious disease of domestic animals. 2. That there are facts, some of which are very striking, to prove transmission from the bovine or ovine species to mankind by direct contact through milk. 3. That there are contagious diseases among cattle, and simultaneous epidemics, which progress in a parallel manner. 4. That there was at least one case of aphthous fever in a goat infected by children suffering from aphthous stomatitis. 5. A decisive instance, in which stomatitis developed three or four days after using the milk. 6. That aphthous stomatitis of man and of animals are one and the same disease, transmitted to man by domestic animals, principally through the agency of milk. **Joal.**

SCHLIFEROWITSCH.—On Tuberculosis of the Mouth. *Deutsch. Zeitschr. für Chirurgie, Bd.* 26, *Heft* 5 *and* 6.

FROM his own observations, and from collection of the cases recently published, the author endeavours to prove that there is a primary tuberculous affection of the mouth, and that this must be treated surgically. After an historical discourse, he insists that a primary affection can easily arise from infection of the place. He then relates the following cases :—

(1.) Tubercular disease of the under lip combined with tuberculosis of the joints and of the lung. Syphilis was excluded by antisyphilitic treatment. Death. Post-mortem examination.

(2.) Tubercular ulcer of the tongue. Extirpation with the Paquelin cautery. Cure.

(3.) Tubercular ulcer of the tongue, combined with pulmonary phthisis.

(4.) Tubercular ulcer. Cured by extirpation with the Paquelin cautery.

(5.) Tubercular ulcers of the tongue. Cured with the Paquelin cautery.

(6.) Ulcers on the gingiva. Cured with galvano-cautery and tincture of myrrh.

(7.) Phthisical patient, with tubercular ulcers of the tongue. Cured with the Paquelin cautery.

(8.) Multiple tubercular ulcers in the mucous membrane of the mouth, with pulmonary phthisis. Death.

(9.) Tubercular ulcer of the lip. Pulmonary phthisis. Death.

(10.) Tubercular ulceration of the alveoli of some teeth. Treatment with the sharp spoon. Improved, but not yet cured.

(11.) Tubercular ulcers of the tongue. Excision with the Paquelin cautery. Cure.

(12.) Tubercular ulcers of the mucous membrane of the mouth and of the larynx. Death. Post-mortem examination.

Then follows a collection of the recently published cases. The differential diagnosis must be made from carcinoma and syphilis. The first can be excluded by antisyphilitic cures, the latter by the bacilli and by the pulmonary phenomena. The pains are also not so severe as in carcinoma. The progress depends on the general health of the patient. The treatment must be energetically surgical. **Michael.**

GLEITSMANN, J. W.—Hypertrophy of the Tonsil of the Tongue. *Medical Record, December* 17, 1887.

THE lingual tonsil, like that of the Eustachian tube, has not a circumscribed form, and contains follicular glands in the disseminated form. In certain cases these glands assume a well-defined shape. They are not true glands, having no outlet, are closed, and belong to the lymphatic system. They are loosely imbedded in the sub-mucous tissue, the hilus is covered by thin mucous membrane, and the sac contains a number of follicles, closely resembling Peyer's patches. They are located between the circumvallate papillæ and the epiglottis, and appear at the age of puberty. The causes leading to hypertrophy are probably the same as those leading to hypertrophy of the faucial tonsil. The author refers to Swain's, Clarence Rice's, and H. Curtis's observations, as illustrating how the condition may give rise to spasmodic cough, and may influence the singing voice. Patients also complain of the sense of a foreign body or pressure in the throat; of interference with singing or speaking; of pain; of cough; and of asthmatic attacks. The first is the most frequent symptom. Quite a number of cases of globus hystericus may be explained by hypertrophy of these glands. Fatigue of the voice is common, even aphonia. The voice loses its clearness in some, and in others it breaks suddenly during singing. Others complain of pain in talking, without hoarseness. Sub-acute inflammation sometimes occurs, causing actual pain; and this may radiate to the ears, or be located between the shoulder blades, the larynx, trachea, or stomach.

Spasmodic cough is less frequent than a hacking cough. Before decid-

ing upon the nervous origin of some asthmatic attacks, the absence of hypertrophy of these glands should be assured. The author relates four original cases. The author employs Lugol's solution of different strengths: nitrate of silver fused on to a probe; the galvano-cautery; the snare. He cannot speak favourably of Lugol's solution, and only employs it when the cautery is objected to. He praises repeated scarifications with the galvano-cautery, and the use of the snare when the mass is lobular. The cautery is preferable, is not more painful, and, creating a larger slough, is more thorough. Care should be taken not to wound the epiglottis. **Wolfenden.**

ROBERTSON, WILLIAM (Newcastle-on-Tyne).—**Hypertrophy of Lingual Tonsil.** *British Medical Journal, November* 19, 1887.

NARRATION of a case treated by the application of the galvano-cautery. (It would have been well if the *after results* of treatment in this case had been fully given.) **Hunter Mackenzie.**

SAVILL.—Epithelioma of the Œsophagus, with Gangrene of the Lung. *Soc. Anatomique. January*, 1888.

THE author presented to the Society a case of epithelioma, which had completely perforated the œsophageal wall, and which seemed at first to have invaded the lung. Histologically, it was proved that the pulmonary affection was gangrene. M. Cornil, the President of the Society, remarked that he had observed facts of the same kind, and that the gangrene was to be attributed to the action of micro-organisms swallowed with the saliva and the food. **Joal.**

EGLINTON, GEO. W. (Dalton-in-Furness).—**Swallowing Artificial Teeth.** *Lancet, November* 5, 1887.

THE patient was ordered to eat a few figs and take an emetic. Shortly afterwards the teeth, imbedded in the figs, were vomited.

Hunter Mackenzie.

J. B. E.—Passage of Foreign Bodies through the Alimentary Canal. *Lancet, November* 5, 1887.

A BABY, eight months old, swallowed the screw and clip for compressing the tube of a feeding-bottle, and passed them *per anum* eighteen hours afterwards. **Hunter Mackenzie.**

GROOM, WILLIAM (Wisbech). — **Passage of Foreign Bodies through the Alimentary Tract.** *Lancet, November* 12, 1887.

A CHILD, aged two and a half years, swallowed a shilling in June, 1887. "In October he had a violent attack (!), and with it brought up the lost shilling, which was much discoloured and corroded."

Hunter Mackenzie.

CADET DE GASSICOURT.—Pultaceous Angina an Initial Symptom of Typhoid Fever. *Soc. Méd. Pratique, January* 8, 1888.

THE author publishes three cases which establish the difficulty of diagnosis of typhoid fever when it commences with this form of angina. In the

first case it was thought that that was simply an herpetic sore-throat, in the second scarlatinal, and in the third diphtheritic angina. It was only when the temperature and consecutive symptoms demonstrated the true nature of the case, that it was evident that the enteric fever had commenced by way of the throat. **Joal.**

KOCH, PAUL.—Remarks on Paræsthesia of the Upper Air-passages. *Annales de Mal. de Larynx, &c., November*, 1887.

PARÆSTHESIAS differ from hypæsthesias and anæsthesias in that sensibility exists, and it is often exaggerated ; they differ from hyperæsthesias and hyperalgesias in representing anomalies of physiological characters of sensation, and because their intensity is never proportional to the exciting cause. Spontaneous, so to say, or at least emanating from a cause which may be internal or external, but always minimal, and sometimes illusory, paræsthesias are the expression of internal extraordinary sensations often fantastic, their intensity and character never corresponding to lesions which can be defined. Pharyngeal and laryngeal paræsthesias occupy the first rank in the series of neuroses of sensibility, those of taste and smell may constitute one of the first symptoms of locomotor ataxy. Statistics of paræsthesias of the upper air-passages teach us that in hysterical and neurasthenic patients paræsthesias are manifested in an acute form ; on the contrary, in hypochondriacal persons these neuroses appear in a chronic form. If these laryngeal and pharyngeal paræsthesias can exist outside of any palpable lesions of the upper air-passages, one may often find them dependent upon pathological states of other organs distantly situated. The principles established for the origin of reflex neuroses proceeding from nasal affections are equally applicable to the mouth, pharynx, larynx, or bronchi.

This memoir contains numerous original observations, and will well repay study in the original. **Joal.**

IVERSEN, AXEL (Copenhagen).—**Resections of the Pharynx and the Œsophagus (including in some cases Extirpation of the Larynx.** *Nordiskt. Medicinskt. Arkiv. Vol. xix.* 3, 1887.

THE author first gives an account of the further course of six cases of this operation, described by him before in Langenbeck's Archiv, vol. xxxi., 3. The first of these was that of a woman aged thirty-four, with carcinoma of the pharynx ; she died six months after the operation from a local recurrence of the growth ; the second patient, a woman aged fifty-one, died nine months after the operation ; and the third, a woman aged forty-eight, died four months after the operation, both from local recurrence. The fourth, a woman aged fifty-six, who was operated on for a cicatricial stricture of the gullet, is living still in good health. The fifth patient was a woman aged forty-four, with carcinoma of the pharynx, in whom also the whole larynx was removed ; she died thirteen months after the operation from septicæmia, arising from a small operation performed on the trachea, to extend the opening for the canula ; the post-mortem examination did not show any recurrence. The sixth case was that of a woman aged forty-eight, in which also the whole larynx was

removed ; the patient had a recurrence of the growth thirteen months after the operation, but died from septic pleurisy caused by her perforating the œsophagus herself with the feeding tube, pouring the liquid food down into the right pleural cavity. The post-mortem examination showed that the lower part of the *œsophagus was extremely atrophied* (from disuse) *the walls being as thin as paper*, and the ominous fissure caused by the feeding-tube was found four centimetres under the arcus aortæ.

In all the cases described before, as well as in four fresh ones, the operation was performed through subhyoid pharyngotomy preceded by deep tracheotomy. When the pharyngeal growth, which in most cases is situated very low, extending also to the upper part of the œsophagus, is more or less circular, occupying also the posterior surface of the larynx, Dr. Iversen makes a long vertical incision in the middle line down from the transverse subhyoid incision, and also removes the whole larynx, partially to make the operation as radical as possible, and partially because it is difficult to remove the growth radically without lesion of the recurrent nerves, which, when put out of function, render the larynx useless to the patient. The author lays great stress upon performing the tracheotomy as deep as possible, so that there is a broad bridge of skin between the opening for the tracheal canula and the opening to the large wound ; he also advocates strongly the use of iodoform gauze in dressing the wound. Space does not allow us to enter into further details of the operation, which appears to have been performed with great surgical skill, and we must refer readers wanting further information to the original articles.

Of the four fresh cases never described before, the first was a woman aged forty-nine, who about eleven months previously had begun to suffer from difficulty in deglutition. There were swollen glands in both lateral regions of the neck, and the patient exhibited a cachectic appearance. The lower part of the pharynx and the upper part of the œsophagus were occupied by a carcinomatous growth (shown microscopically to be epithelioma) ; the larynx only showed slight congestion and tumefaction. In this case, the diseased parts of the pharynx and the œsophagus, the whole larynx, and the left lobe of the thyroid gland were removed. The patient died thirty-seven days after the operation from multiple bronchopneumonias and small abscesses in both lungs.

The second new case was that of a woman aged twenty-seven, whose symptoms had only lasted two months. In this case the cancer (shown microscopically to be epithelioma) also occupied the posterior surface of the cricoid cartilage, the lower part of the pharynx, and the upper part of the œsophagus. Besides slight general congestion of the larynx, there was found, by laryngoscopical examination, slight œdematous swelling over the right arytenoid cartilage. The operation was performed as in the former case, the whole right lobe of the thyroid gland being besides removed. She died thirty hours after the operation from collapse. No post-mortem examination was allowed.

The third fresh patient was a woman aged forty-six, who had felt the first symptoms half a year previously. In this case the growth, which

was shown microscopically to be an epithelioma, extended to the right arytenoid cartilage on the right ary-epiglottic fold. By the operation the lower part of the pharynx, the upper part of the œsophagus, and the whole larynx were removed, but it was not possible to reach the lower edge of the growth in the œsophagus. The patient died eight days after the operation. The post-mortem examination showed parenchymatous degeneration of the organs (septicæmia? iodoform-poisoning?).

The last case was that of a woman aged thirty-four, symptoms having lasted four months, with epithelioma (microscopical diagnosis) beginning at the height of the epiglottis, and reaching so far down that the lower incision by the operation was made at the level of the first dorsal vertebra; besides the whole larynx, a part of the left lobe of the thyroid gland was removed. The laryngoscopical examination showed the larynx entirely free from any symptoms. The patient is living still (February, 1888), fourteen months after the operation, and is doing well.

It will be seen that all the patients were women between the ages of twenty-seven and fifty-one. In all the four new cases not described before, and in most of the other cases, the growth was situated low down in the pharynx. It seems to be difficult to determine how far down in the gullet the growth extends, the examination with tubes giving unreliable results. Inspection through the mouth and external examination of the neck often do not seem to give any result; sometimes, however, the larynx is more prominent than normal. Swelling of the glands of the neck seems to occur late. Examination by the laryngoscopical mirror and digital exploration are the most important diagnostic means. The symptoms were very marked: dysphagia, pains in the throat, often irradiating to the ears, expectoration of mucus and blood, and emaciation.

Holger Mygind.

LARYNX.

SYMONDS, CHARLES J. (London).—**Intubation of the Larynx: A Summary.**—*British Medical Journal, November* 19, 1887.

CONTAINS nothing but what has already been submitted to the readers of the Journal.

Hunter Mackenzie.

PARKER, RUSHTON (London).—**Case of Partial Excision of the Larynx, Pharynx, &c., for Epithelioma: Eventual Death.** *British Medical Journal, November* 19, 1887.

THREE recurrences of the disease took place within six months. The author concludes by saying "it would have been better, I think, to have excised the entire larynx the first time, but I was then anxious to avoid unnecessary mutilation, but instead had to inflict probably more."

Hunter Mackenzie.