

symptoms complained of were impaired nasal respiration, impaired sense of smell, and persistent headache. The voice was nasal, and there was considerable post-nasal discharge. The mass was removed by means of the cold wire snare and cutting forceps. The author calls attention to the frequency of reflex neurosis, hemicrania, and neuralgias of the fifth pair of cranial nerves in these cases. This cystic transformation is rarely found in the inferior turbinated body. The condition is frequently associated with well-defined myxomata or polypoid degeneration. The author refers to the theories which have been advanced to explain the occurrence of bony cysts in the nose, viz., that the condition is due either to a rarefying osteitis, similar to that occurring in long bones, or to an osteophytic periostitis secondary to hypertrophic rhinitis involving the soft parts. The indications for treatment are :

- (1.) Interference with nasal respiration.
- (2.) Prevention of nasal drainage.
- (3.) Reflex neuroses.
- (4.) Anosmia.
- (5.) Impaired quality of voice.

Hæmorrhage during the removal of the cyst is seldom excessive.

W. Milligan.

Dunn (Richmond, Va.).—*Concerning the Adenoid Tissue of the Pharynx and Naso-Pharynx.* "New York Med. Journ.," April 9, 1892.

NOTHING new.

B. J. Baron.

MOUTH, PHARYNX, &c.

Koch, Carl.—*Actinomycosis of the Under Lip.* Aerztlicher Localverein Nürnberg. Meeting, December 5, 1891.

A PATIENT, twenty-five years old, had a tumour the size of a cherry on the under lip. The half of the lip was swollen. In the expelled pus little yellowish masses were found, whose microscopic examination showed actinomycosis. Excision of the diseased parts ; cure. *Michael.*

Stern (Dusseldorf).—*Malignant Neoplasms in Children.* "Deutsche Med. Woch.," 1892, No. 22.

REPORT on cases published of malignant neoplasms in early age. Of interest is a case of a child, four years old, in whom the author had extirpated a neoplasm of the size of a nut from the tongue. The microscopic examination showed it to be a sarcoma fusiform. *Michael.*

French (Brooklyn).—*A Device to Prevent Mouth-Breathing during Sleep.* "New York Med. Journ.," April 16, 1892.

THIS consists of a piece of "washblonde," which is attached to straps of light webbing and adjusted to the head in the manner shown in a sketch that accompanies the paper. *B. J. Baron.*

Kozsanecky (Berlin).—*Morphology of the Muscles of the Palate*. "Archiv für Anatomie und Physiologie," 1891.

OF comparative anatomical interest.

Michael.

Thorner (Cincinnati).—*Soor of the Pharynx and the Nasal Cavity in an Adult during Influenza*. "New York Med. Woch.," Feb., 1892.

A PATIENT, seventeen years old, during an attack of influenza, had white spots on the tonsils and in the mouth. The next day the whole nasopharynx was filled with the same masses, which the following day also filled the nasal cavity. Treated with bicarbonate of soda; cure. The microscopic examination showed that the masses consisted of ooidium albicans.

Michael.

Dubler (Basel).—*Two Cases of Acute Infectious Phlegmon of the Pharynx* "Virchow's Archiv," Band 126, Heft 3.

BACTERIOLOGICAL examinations of two cases dead from infectious phlegmon. Both cases, and also a third, were complicated with diphtheria. Streptococci were found. The author believes that erysipelas of the pharynx and phlegmon are identical.

Michael.

Rosenthal, Carl (Berlin).—*Pharyngeal Bleedings*. "Deutsche Med. Woch.," 1892, No. 21.

A PATIENT, twenty-five years of age, had a hæmorrhage after hard work. A bleeding point could be detected in the left tonsil. Chloride of iron was applied, and the bleeding stopped. A second recurrence was stopped by the application of ice. As no pathological conditions could be detected, it was in all probability due to laceration of a blood-vessel.

Michael.

Newman, D. (Glasgow).—*Malignant Disease of the Tonsils, with ten illustrative Cases: the Statistics and the Bibliography of the Subject*. "The American Journ. of the Med. Sciences," May, 1892.

THE author does not believe that the disease is rare, having met with ten cases in seven years. In carcinomatous disease, the lymphatic glands become rapidly involved, whereas in some of the sarcomata this may be absent for a long time, the tumour remaining encapsulated for a considerable period. The most common form of sarcoma is the round-celled or lympho-sarcoma, in which secondary formations rapidly develop.

The author relates the history of one case of encapsulated spindle-celled sarcoma of the left tonsil, of slow growth and without glandular swelling, which was operated upon through the mouth. There was no local recurrence for five years. Then a sarcoma formed in the right tonsil, rapidly involving the lymphatic glands, palate and pharynx, and the patient died from hæmorrhage and exhaustion five years and three months after the first appearance of the disease in the opposite tonsil. A second case of lympho-sarcoma of the right tonsil followed acute inflammation with suppuration, the disease rapidly extending to the palate, pharynx, tongue, and lymphatic glands. Operation was not undertaken, and the patient died in five months from hæmorrhage and exhaustion.

In a third case, carcinoma followed upon a syphilitic gumma of the right tonsil, soft palate and pharynx, with enlargement of lymph glands.

The author's fourth, fifth and sixth cases were epithelioma of the tonsil, in one of which death from exhaustion occurred within three months, and in the other within six months. The seventh case was epithelioma of the tonsil and soft palate, in a patient who suffered years previously from syphilitic ulceration of the throat. The eighth case was one in which an early diagnosis of epithelioma was made, and there was no glandular enlargement. The growth was completely removed by operation, and there was no recurrence nineteen months after. In the ninth case of epithelioma of the right tonsil, operation being refused, the growth slowly spread to the gum and glands and caused severe hæmorrhages, the patient succumbing eighteen months after the onset of the disease. The tenth case is still under observation.

The difference between carcinoma and sarcoma of the tonsils is marked by the formation of sloughs and foul cavities in the former, whereas in sarcoma the tumour remains consistent while the capsule is unbroken, which may be for a long time, but when this occurs spreading and ulceration follow with great rapidity. Sarcomas may remain limited within their capsule and be capable of complete removal.

Epithelioma is, next to the acute forms of malignant disease, the most common variety, occurring in twenty-four out of ninety-two collected cases of carcinoma; scirrhus occurred seven times; fibro-sarcoma and adeno-sarcoma are rarities.

Surgical treatment has been indifferently successful, because the true nature of the case has often not been sufficiently early recognised, being mistaken often for inflammatory or syphilitic affections, and permitted to invade surrounding structures and lymph glands. The tonsil and surrounding structures must be removed thoroughly and early. Dr. Newman advises tracheotomy a week before operation. Incomplete methods of removal—*e.g.*, chemical caustics, écraseur ligature, tonsillotome, curette, electrolysis—require only to be mentioned to be condemned as not holding out the least prospect of cure, and the only question worth consideration is the relative merit of removal through the mouth or by external incision.

Dr. MacEwen removed a carcinoma of the tonsil by external incision, and the patient was alive and well twelve years after; and in a second case operated on by him the patient was well two years after. Besides these there are only four cases of cancer of the tonsil in which recurrence did not take place after operation (Quintin, Fowler, Miculicz, Newman). In two of these (Fowler and Miculicz), cancer subsequently attacked other parts. As to sarcoma, Barker, Cheever, Gorecki, Canswer, Homans, Langenbeck, Richardson and Newman have recorded the most successful cases. In Richardson's case the patient was well five years after operation, and in Newman's case the patient died from rounded sarcoma of the opposite tonsil five years after the first operation. As to palliative treatment, a mouth wash (borax, carbonate of potash, chlorate of potash, glycerine and carbolic acid) every three hours, with a spray of liq. hyd. perchlor. three times a day, or iodoform in ether and

alcohol, eucalyptus, soda-salicylate, and sulpho-carbolate of zinc are useful. Antiseptic tablets (cocaine, $\frac{1}{2}$ gr., perchlor. of mercury $\frac{1}{100}$ gr., iodoform $\frac{1}{2}$ gr., chlorate of potash xx gr., sugar x gr.) dissolved in the mouth but not swallowed, are useful. The progress of the disease is delayed, as well as immediate comfort secured, by these means.

Pain may be relieved by liniments of camphor and chloral (equal parts) applied over the neck, sprays of 10 per cent. cocaine before food, morphine, tincture of belladonna, stramony or other sedatives as gargles. Dyspnœa must be relieved by tracheotomy, and dysphagia by feeding through a soft flexible tube introduced into the œsophagus or nose. Partial removal of the tumour is followed by rapid increase in size. Hæmorrhage is very common, especially in round-celled sarcoma and encephaloid carcinoma. Antipyrin 1 in 50 may be employed as a gargle, or the tumour be ligatured at the base or cauterized with the thermo or galvano-cautery. Failing these, ligature of the lingual and facial, or, as a last resort, of the carotid may be necessary. When blood in the trachea threatens suffocation, a tampon tube should be introduced through the tracheotomy wound, as it is difficult to plug the larynx through the mouth.

[An extensive bibliography of the subject is given by the author, and many of the cases are subjected to critical study. Dr. Newman's contribution is the best which has yet been made on the subject, and deserves careful reading in the original.]

R. Norris Wolfenden.

Robinson, Beverley.—*Some Nasal, Throat, and Aural Symptoms and Disorders met with in Influenza.* "New York Med. Journ.," April 16, 1892.

"ASIDE from the fact that the nasal, throat, and aural symptoms and disorders met with in influenza accompany general phenomena which establish their probable nature, we cannot affirm that they are invariably characteristic or different from those encountered separately, and in no sense indicative of an infection of the entire system.

"But when this has been said, we must add that there are occasionally some noticeable peculiarities about the affections referred to, and others still of the nose, ear, and throat, as observed in epidemic influenza."

In one case, repeated and profuse epistaxis, due to intense venous turbidity of the pituitary membrane, accentuated by rupture or ulceration of the septal artery, preceded influenza, when the soft palate, fauces and larynx became deeply congested. Helwig has noted extreme hyperæmia of the pia mater and brain, which must be looked on as the first stage of true inflammation, so that we can readily understand why the nose bleeds so profusely.

Pain in the throat, when congested, is more pronounced in influenza cases than usual. The mischief is very apt to extend upwards to the naso-pharynx and to the middle ear. If the ear be attacked, the membrane may become sunken and thickened, mucus is thrown out around the ossicles, and a permanent partial ankylosis, with deficiency of hearing, occurs.

In other cases, intense stomach irritability with follicular tonsillitis ushers in the attack, and the latter condition clears up quickly, and does

not exhibit so many follicular deposits as in ordinary cases; pain is, however, a very pronounced symptom. Severe pain of short duration precedes perforation of the drumhead frequently where the ears have previously been quite healthy, and there is no doubt that influenza lights up inflammation in an ear that had some time previously been inflamed but had reached a quiescent state. [We can all confirm this observation—*Rep.*] Ecchymosis in the pharynx and larynx has been fairly frequently noted. Dr. Robinson has never seen ulcerations, pronounced œdema, or membranous deposits.

The cough of influenza has various underlying causes, but apart from congestion and inflammation of the throat, intense gastric catarrh will cause it, and it is then allayed by appropriate gastric remedies. Also a depressed state of the nerve centres permits of cough being readily induced, owing to the inflamed nerve filaments being unduly sensitive. Choreic movements and spasmodic conditions affecting the larynx are rare and late sequelæ.

Sudden inflammation of the muscles of the neck with pain, redness, and rigidity, but rapidly subsiding within twenty-four hours, was observed in one case. The author prescribes the following tablet—

Caffein citrat	gr. $\frac{1}{2}$
Phenacetin	gr. i.
Ammon. salicylat.....	gr. iii.

One every two or three hours. Alkalies are also administered along with this. Other appropriate local treatment by sprays, gargles, poultices, &c., is also of use. Gargling with carbolyzed alkaline solutions is regarded as an excellent and reliable prophylactic. [I rely considerably on this prophylactic, and frequently used it during the late epidemic in Bristol.—*Rep.*]

B. J. Baron.

LARYNX.

Moskowitz (Budapesth).—*Sclerosis of the Air Passages.* “Pesther Med. Chir. Presse,” 1892, No. 6.

A PATIENT, fifty-two years old, had rhinoscleroma, which spread to the larynx and trachea, for six years. She wore a tracheal canula. She came with strong attacks of suffocation, and died two days later. The *post-mortem* examination showed sclerosis of the nose, pharynx, larynx, and trachea.

Michael.

Frühstück.—*Prophylaxis of Tuberculosis of the Lungs and Larynx.* Dissertation. Göttingen: 1891.

REVIEW.

Michael.

Rice.—*The Troublesome Symptoms caused by Enlargements of the Epiglottis, and the Advisability of Reducing the Size of this Cartilage by Operative Measures.* “New York Med. Journ.,” April 9, 1892.

THE author believes that the epiglottis becomes enlarged and congested when there is no corresponding congestion of the larynx, and when there