

Mortality from diphtheria, membranous croup, scarlet fever, typhoid fever, and small-pox, from 1892 to 1897 :

	1892.	1893.	1894.	1895.	1896.	1897.
Diphtheria	25·57	29·08	33·11	30·75	27·01	24·48
Membranous Croup	Unattainable	75·46	71·71	65·53	72·52	64·97
Scarlet Fever	7·63	9·37	13·63	6·61	5·85	7·93
Typhoid Fever	19·09	17·75	15·69	17·06	16·15	13·39
Small-pox	none	11·62	9·56	14·10	none	none

He believes, therefore, that it is yet too soon to come to an absolute conclusion as to the value of antitoxin, but that in many cases its administration is postponed until the chances of the recovery of the patient are very much lessened.

Sir George Reid.

MOUTH, Etc.

Bergeat, Dr. Hugo (Munich).—*Mucous Plaques on the Posterior Pharyngeal Wall.* "Münchener Medicinische Wochenschrift," No. 47, 1898.

Mucous plaques in this situation are apparently of rare occurrence. Schech and Leissl state that they have not observed them. Their existence has been noticed by Lewin. The author has seen two cases, and gives the following description of one. The pharynx showed five soft raised prominences running parallel and perpendicularly. They formed a series of eminences of unequal breadth, which extended from one side of the pharynx to the other. The appearance was further completed by a covering of frothy epithelial opacity on these projections. The opaque part showed flat perpendicular strips 2 to 3 mm. broad on the top of the mucous elevations, like the well-known light-gray colour of other mucous papules; it was more intense in the middle and lessened towards the edges. On simple inspection of the pharyngeal wall the upper end of the plaques could not be seen; with the pharyngeal mirror they were seen to become flat. Their lower ends were rounded off, the middle and smallest at the level of the edge of the epiglottis, the others a few millimetres lower down. There were other plaques on the tonsils and base of tongue. The patient complained of pain on swallowing and mucus collecting in his throat which had lasted for two months. They disappeared in a fortnight with local and general antisyphilitic treatment.

These syphilitic opacities may escape observation on casual examination owing to their resemblance to mucus passing downwards.

Guild.

Bernheim.—*Stomatitis Ulcerosa.* "Gesellsch. d. Aerzte in Zurich, fau.," No. 15, 1898.

THE author thinks it strange that the not infrequent localization of stomatitic ulcers on the tonsils is not mentioned in German literature: only French and Russian physicians give descriptions of it. If this disease only appears on the tonsils, it is very easy to make a mistake and diagnose diphtheria. But there are enough symptoms not to confound it with diphtheria: there is no fever; the illness progresses very slowly; and in most cases there is only one tonsil ulcerated. Another important point is the bacteriological examination.

R. Sachs.

Clerc, Le.—*Gouty Angina.* "Normandie Méd.," December 15, 1898.

THE author relates a typical case of gouty angina. The patient, thirty-six years old, subject to rheumatism and gout, has an angina, probably

caused by taking cold. In a day the dysphagia was considerable, the throat red, the tonsils enlarged; submaxillary adenitis. The next day, with the same state of the throat, laryngeal troubles by epiglottic œdema. The author believed tracheotomy probably urgent; during the night sudden disappearance of all symptoms. At the same moment attack of gouty arthritis on the great toe. The guttural manifestations were of a gouty nature. *A. Cartaz.*

Dubosc, George.—*Dermoid Tumours of the Soft Palate.* "Thèse de Paris," 1898.

THE dermoid cysts of the soft palate are very rare and have the same symptoms, the same structure, as the dermoid tumours of other parts.

The prognosis is generally not serious; yet they can be the origin of epitheliomatous degeneration, or the seat of functional grave disturbances, specially for these troubles, in young children.

The author relates some published cases and one unpublished; he suggests for a radical treatment complete eradication of the tumour.

A. Cartaz.

Keiper, G. F.—*Albuminuric Tonsillitis: Report of a Case of Spontaneous Hæmorrhage from the Left Tonsil.* "Laryngoscope," November, 1898.

IN this case examination of the throat revealed, at the upper portion of the left tonsil, an ulcer the size of a gold dollar, covered with an exudate somewhat of a diphtheritic appearance. This was easily removed, without causing any hæmorrhage. Locally, applications of nitrate of silver were made. A few days afterwards bleeding commenced at the site of ulceration. The hæmorrhage was moderate in amount, but proved very distressing to the patient. A mixture of equal parts of dry tannic acid and antipyrine was applied to the ulcerated part, and caused the hæmorrhage to cease immediately. Later on the same day hæmorrhage recurred, and was somewhat severe. The general condition of the patient became gradually worse, and was followed by death nine days after the author was called in.

The diagnosis made was albuminuric tonsillitis. *W. Milligan.*

Lartigan, August (Albany, N. Y.).—*Xerostomia, or Dry Mouth: Report of a Case.* "Medical News," October 29, 1898.

NOTES of a case occurring in a male, aged sixty-four. The patient complained of extreme dryness of the mouth, with a painful condition of the tongue; the lips were dry and fissured; the tongue dry, fissured, covered with grayish-brown sordes; mucous membrane of mouth dry, otherwise normal in appearance. The sense of smell was normal; there was a slight trace of albumin in the urine, but no sugar. The degree of the mouth-dryness varied considerably, being worse in hot weather. Previous to the onset of these symptoms, he had perspired freely on slight exertion; since then, however, it was with great difficulty any perspiration could be induced. A prolonged treatment with various drugs failed to relieve the symptoms in the least. *Sir George Reid.*

Nicolle and Hébert.—*The Acute Angina with Friedländer's Bacillus.* "Normandie Méd.," October 15, 1898.

N. and H. give the description of two varieties of angina, one chronic, with pseudo-membranous patches, firmly adherent to the mucous membrane, but without general symptoms; in these pseudo-membranes they find the Friedländer's bacillus.

The other form, less frequent, and similar to acute diphtheritic angina. The first appearance is pointed out by intense fever, 38° F., dysphagia, anorexia, depression, general state of intense inflammation; in the throat pseudo-membranes, not tenacious, especially on the tonsils, and the culture of these membranes contained pure Friedländer's bacillus.

After three or four days the general symptoms diminish, the temperature decreases and the membranes disappear. The diagnosis can only be ascertained by bacteriological examination. The treatment by antiseptic gargles and washings is sufficient. Four cases.

A. Cartaz.

Rousseau.—*The Innervation of the Muscles of the Soft Palate.* "Thèse de Paris," 1898.

A VERY interesting anatomical study of the innervation of muscles of the soft palate. The doctrine of the facial supply of muscles originated from the teaching of Langet was opposed to the physiological experimentation. Chauveau and Vulpian were unable to produce contraction of the palatal muscles by stimulation of the facial nerve. Two cases, clinically observed, showed clearly that the innervation of palatal muscles is not found in the facial nerve but in the vago-spinal.

A. Cartaz.

Treitel, Dr. (Berlin).—*The Existence and Importance of Chronic Tonsillar Abscess.* "Deutsche Medicinische Wochenschrift," No. 48, 1898.

THIS paper contains a general résumé of our knowledge of pyogenic infection from the tonsils. He describes in detail three cases where septic infection followed chronic tonsillar abscess. Only one of these was under his own observation. Infection takes place through the neighbouring tissue, and may extend down into the thorax, or general pyemia may be caused by absorption into the blood. All the cases ended fatally.

As the abscesses are small and cause no enlargement of the tonsils, their diagnosis is difficult. They show the importance in kryptogenetic pyemia of examining the interior as well as the surface of the tonsil. Whether infection may take place from chronically inflamed hypertrophied tonsils without abscess formation has not yet been proved.

Güld.

NOSE.

Avellis, Dr. Georg (Frankfurt).—*Tubercular Disease of the Upper Jaw, simulating Empyæma of the Antrum of Highmore in Children.* "Münchener Medicinische Wochenschrift," No. 45, 1898.

In this paper Avellis criticises the cases described as empyæma of the antrum in infants (D'Arcy Power, "British Medical Journal," 1887; Rees, "London Medical Gazette," 1847; Spencer Watson, "Diseases of the Nose," p. 167). Midalkovic's "Handbook of Laryngology," vol. iii, p. 78, states that the antrum at the fourth month is $\frac{1}{2}$ mm. deep, and only exists theoretically in the first month. Only after eruption of the milk-teeth does the antrum extend downwards into the alveolar process. Thus, according to development, an empyæma at this age is hardly to be thought of. He considers these cases to be tubercular