

the symptom known as globus hystericus. Pain, which is rarely great, may be localised in the affected region or referred to distant parts, notably the ear (so-called otalgia neurosa). Sensations of dryness and burning in the throat may be due to diminished secretion of saliva, though this is doubtful.

On bimanual examination with the fore-finger of one hand in the mouth and that of the other hand externally, the submaxillary and sublingual glands are easily felt, and in these cases are found to be distinctly enlarged and tender. Enlargement and tenderness of the lymph-glands of this region do not appear to give rise to the like troublesome symptoms. The submaxillary gland was affected in all the author's cases, the sublingual only in 25 per cent., a fact which is perhaps associated with the greater liability of the former to salivary calculi. In four cases of the series the swelling seemed to be due to salivary obstruction, but the vast majority (eighty) were certainly of an inflammatory nature. The micro-organisms which are responsible for the inflammation enter the gland most probably through the duct. Excessive movement of the floor of the mouth, as in prolonged speaking or singing, appears to originate the trouble in some cases.

Treatment, especially in cases of a rheumatic nature, includes the internal administration of salicylates or aspirin, together with the external application of tincture of iodine or mesotan and vaseline (1 in 2). The best and most certain measure, however, is gentle massage between two fingers, one within and the other without the mouth. The unpleasant sensations may disappear at once, and in a few of the more acute cases may not return; in the more chronic forms, however, several "sittings" are required. The size and consistency of the organ may be observed during the course of treatment to return to the normal.

Thomas Guthrie.

FAUCES.

Goodale, J. W.—*The Examination of the Throat in Chronic Systemic Infections.* "Boston Med. and Surg. Journ.," November 29, 1906.

Dr. Goodale suggests the examination of the throat as a possible portal of infection in cervical adenitis and chronic arthritis. The examination should not be merely ocular, but based "upon an intelligent application of the related data in physiology and pathology." The author confines himself to tuberculosis of the lymph-glands and infectious arthritis. The nine cases described show that tuberculous cervical adenitis may exist in association with the presence of tubercle bacilli in the tonsils, and that a form occurs accompanied by subacute and chronic inflammation of the tonsils and disappears after their excision.

MacLeod Yearsley.

Zoliki (Strassburg).—*A Congenital Fibrolipoma of the Palatal Tonsil.* "Arch. of Otol.," vol. xxxv, No. 2.

The tumour was 30 mm. in length, the greatest breadth being 11 mm. It was of an elongated club shape, attached with a narrow pedicle to the tonsil. It presented the peculiar feature that at its most distal part it contained an area of lymphatic tissue containing follicles, and there were similar minute particles scattered throughout.

Dundas Grant.