

MOUTH, PHARYNX, &C.

Eudlitz.—*Syphilitic Chancre of the Lip and Tongue.* Soc. Française de Dermat., Feb. 14, 1895.

THE case is interesting from the number of simultaneous primary chancres, three on the inferior lip, a fourth on the left side and the tip of the tongue, in a young woman, twenty-one years old. *A. Caras.*

Föderl (Wien).—*Case of Congenital Ranula Glandulæ Nuhnii.* "Langenbeck's Archiv," Band 49, Heft 3.

THE author describes a tumour situated on the frenum of the tongue. The tumour was congenital, was observed in a boy otherwise normal, and was situated between the lips. It was transparent and fluctuating. Excision of a piece of the wall caused discharge of viscid fluid. The child was cured, but a fistula remained. A carefully made microscopical examination proved that it was a ranula of Nuhn's gland. *Michael.*

Schiff (Wien).—*On Leukoplakia Buccalis.* "Wiener Klin. Rundschau," 1895, No. 8.

REVIEW.

Michael.

Galisch (Berlin).—*Struma Accessoria Baseos Linguae.* "Deutsche Zeitsch. für Chir.," Band 39, Heft 5 and 6.

UP to the present only two cases are known, one described and operated upon by Wolf in Hamburg; the second accidentally found at the *post-mortem* examination of an old woman. The author adds a third case: a girl, twenty-four years old, had a tumour between the lower jaw and the hyoid bone, which was extirpated. The microscopical examination showed it to be of strumous tissue. Three weeks later the patient suddenly had cough and expectoration of a quarter of a litre of blood. The hæmorrhage recurred, and the patient declared she had a foreign body in the throat. The hæmorrhages were unaccompanied with cough and vomiting. Fourteen days later a laryngoscopic examination could be performed, and showed a semi-globular tumour situated on the base of the tongue, beginning in the papille circumvallatæ and reaching to the epiglottis. Puncture, which was followed by a new hæmorrhage, proved its very vascular nature. Prophylactic tracheotomy was done, followed by extirpation of the tumour (details must be seen in the original). Cure resulted. The examination of the tumour showed that it was two and a half centimètres broad, three centimètres long, two and a half centimètres high, and consisted of thyroid tissue. Up to now, six years after the operation, the patient has been quite well, with normal respiration and voice. *Michael.*

Heymann (Kolmar). — *Stuttering—Psychoglossia.* "Deutsche Med. Zeitung," 1894, No. 100.

THE author regards stuttering as an hysterical affection, and proposes to call it psychoglossia. *Michael.*

Sternfeld (München).—*Hyperplasia of the Lingual Tonsil.* "Aerzte Rundschau," 1895, No. 5.

REVIEW.

Michael.

Foster, Hal.—*Report of a Case of Bifid Uvula.* "Western Med. Journ."

THE uvula was cleft up to its junction with the palate. Patient had slight difficulty in deglutition. R. Lake.

Moure.—*Notes on Granular Pharyngitis.* "Bull. Méd.," Feb. 20, 1895.

MOST of the cases formerly described as granular pharyngitis result from nasal or naso-pharyngeal diseases. This granular, glandular state of the pharyngeal mucous membrane is not properly a disease, but a pathological condition derived from other origin. Yet in some cases these *granulations* are really apparent, and exist without nasal catarrh. Sometimes they cause numerous, but never serious, disorders. The author describes granular pharyngitis, isolated granulation, lateral pharyngitis, inflammation of the band of adenoid follicles on the margin of the pillars, another form at the root of the tongue and the inferior part of the pillars, and gives a description of the principal symptoms and their treatment. A. Cartaz.

Mendel.—*Granular Angina.* "La Méd. Moderne," Feb. 27, 1895.

CRITICAL review; nothing new.

A. Cartaz.

Semon (London).—*The Sensory Throat Neuroses of the Climacteric Period.* "Brit. Med. Journ.," Jan. 3, 1895.

THIS paper deals with the sensory throat neuroses of the menopause. The author, *en passant*, refers to the connection that exists between the sexual apparatus and the respiratory organs both in man and animals, and also instances conditions, such as vicarious bleeding from the upper air passages (epistaxes, etc.) which, although on the border-line between health and disease, yet illustrate the connection. Such conditions, not having been accorded any distinctive place in medical, gynecological and laryngological text-books, demand a reference. The term "throat" neuroses is used in its widest acceptation, thus including laryngeal and pharyngeal, from the fact that the power of localization of sensations felt in the throat is very defective, physiologically as well as pathologically. The author bases his results on clinical findings alone, and first from observing them in the patients entering upon or in the midst of the climacteric period; secondly, that in the majority of those thus circumstanced there was a total absence of local or general signs known to cause or accompany sensory neuroses of the throat; thirdly, that the ordinary treatment applied to such neuroses otherwise caused here failed; and finally, that when the organism settled down to the new conditions these neuroses disappeared spontaneously. The symptoms which set in, in patients in or about the "change of life," *i.e.*, between thirty-five and fifty-five, vary enormously in kind and intensity, but can be summarized under the two large headings of paræsthesia and neuralgia, the former the more frequent. Anæsthesia and motor neuroses have not been observed. The sensations experienced were described variously (irritation, burning, choking, strangulation, etc.). Such are the paræsthetic sensations felt. The "neuralgic" sensations, less frequent, are described as fixed pain on one side of the throat. Such sensations in certain cases lead up to cancrophobia. These symptoms are often the *only* sign of the approaching menopause or may precede this. The objective symptoms are slight; for the most part, appearances are normal; prognosis good. In attempting a diagnosis due care must be exercised to eliminate definite local lesions. The author animadverts against trifling conditions, *e.g.*, granulations or slight varix in the pharynx, being looked upon as an explanation of the neurosis. When other causes can be eliminated and a deliberate opinion can be given that the sensations are due to the change of life, moral influence is to be relied upon principally.

Wm. Robertson.

Mermet, P.—*Bucco-Pharyngeal Syphilides and Retro-Pharyngeal Abscess.* "Gaz. des Hôp.," Mar. 12, 1895.

A YOUNG man, seventeen years of age, with secondary manifestations of syphilis in the mouth and pharynx, angina, pharyngitis, two months after the primary chancre. Some days after the symptoms of pharyngitis became more severe, with cervical adenopathy, fever, and signs of suppuration. There was found a large retro-pharyngeal abscess pointing in the pharynx, which was largely opened, after anæsthesia, by an incision behind the sterno-mastoid. Rapid cure resulted.

The author reviews the rare cases of retro-pharyngeal abscess, from syphilitic origin, Méandre-Dassit, Gillette, Verneuil, Fournier; he believes the external operation to be preferable to internal. Lisfranc was the first to indicate that method of opening (1849). Watson Cheyne also prefers this incision (1881).

A. Cartaz.

Garel.—*Syphilitic Stenosis of the Pharynx.* "Lyon Médical," Feb. 3, 1895.

A YOUNG man, twenty-two years old, presented naso-pharyngeal stenosis and secondary stenosis of the inferior part of the pharynx at the root of the tongue. There was complete adhesion of the soft palate to the posterior wall of the pharynx, with a small opening in the median part at the level of the uvula. The opening of the inferior stenosis was reduced to four or five millimètres, and the dysphagia and respiratory troubles were very marked. The author believes the condition to depend upon hereditary syphilis, the first manifestations having appeared in extreme childhood—four or five years.

A. Cartaz.

Meslay, R.—*Abscess of the Maxillo-Pharyngeal Region; Ulceration of the Internal Carotid; Rupture of Abscess in the Pharynx and the External Auricular Duct.* Soc. Anatomique de Paris, Dec. 21, 1894.

A CHILD, aged five years, was admitted into the Children's Hospital for purulent otitis. Some days previously he had sore throat, fever, and enlargement of the maxillary glands. Not feverish on admission, the throat was normal, except for a tolerably large hypertrophy of the tonsils. In the submaxillary region there was a painful adenopathy. On pressure over that region the purulent discharge by the external ear was notably increased. Two days later bleeding from the ear occurred, and in the night profuse hæmorrhage through the nose and mouth, arrested with difficulty by nasal plugging with salol gauze, injection of ergotin and artificial serum. On the following day there was a fresh hæmorrhage, extremely abundant. Incision (by Broca) in the angulo-maxillar region revealed a large cavity filled with pus and blood. Ligation of the internal carotid artery was performed, this being the probable source of the hæmorrhage. Death occurred during the night from syncope.

At the necropsy, blood was found in the stomach and bowels. The abscess of the submaxillary region was found to be due to a suppurative adenitis, and the abscess opened into the pharynx and the external auditory meatus. No inflammation of the median ear existed, nor perforation of the tympanum, but there was a large ulceration of the internal carotid at the part next the entry into the petrous bone.

A. Cartaz.

Raymond, Petit.—*Streptococcus and Menstruation.* "Gaz. Hebdomad. de Méd. Paris," Feb. 2, 1895.

UNDER this title the author relates twelve cases of streptococcal angina having some relations with menstruation. In every case, in young women, the commencement of the sore throat, shivering, fever, increase of temperature, and special symptoms of angina were in strict relation with the appearance of the menses. In

all cases the bacteriological examination of the tonsillar exudation revealed streptococcus. The author cannot explain the reason of this evolution of streptococcus in the mouth at this precise moment; the infection cannot be introduced by the genital passages. The catamenial period probably favours the development of streptococcus sometimes present in the mouths of healthy subjects. *A. Cartaz.*

Maurel, Paul.—*Infectiousness and Contagiousness of Acute Tonsillitis.* Thèse de Paris, 1895.

THE author has collected the numerous works upon this question and concludes, from clinical cases and bacteriological examination, that acute follicular tonsillitis is an infectious disease. The origin varies and results from the primordial morbid bacteria, streptococcus or staphylococcus. These microbes have been found in the secondary manifestations in the pleura, ear, articulations, etc. The contagiousness of the disease is not very intense, comparatively, but is real. He relates some original cases of propagation in persons of the same family, and advises prophylactic measures against the infection. *A. Cartaz.*

Walker, G.—*Dyspnea after Excision of the Tonsils.* "Med. News," Dec. 8, 1894.

THE patient was twenty-two years of age, and had both tonsils removed, a four per cent. cocaine solution being used, the symptoms being those not rarely noticed in cocaine toxæmia of the non-fatal variety. *R. Lake.*

Machell, H. T.—*Papilloma of the Tonsils.* "New York Med. Journ.," Jan. 19, 1895.

THE patient, a young girl, aged ten, was admitted into hospital, suffering from sore throat. The history given pointed to the fact that enlargement of the tonsils had been noticed when the child was eight years of age, and also that a gradual increase in their size had taken place. Examination showed that there was well-marked enlargement of both lobes of the thyroid gland, and excessive enlargement of both of the tonsils. Both tonsils were studded with closely-packed papillary bodies, and presented at first sight a rough and ragged appearance. This rough appearance was seen to be due to large numbers of papillæ or pedunculated masses packed closely together, and extending downwards as far as could be seen or felt with the finger. They also bulged so far forward as to hide the uvula and rest on the base of the tongue. Each papillomatous growth seemed to have a separate and distinct entity. Some had a small pedicle, others larger, but none were sessile. During the patient's stay in hospital she contracted a sharp attack of scarlet fever, to which she rapidly succumbed. One of the tonsils having been enucleated after death, was examined microscopically, and found to be lymphadenoid in nature. True hypertrophy of the tonsil had taken place, tonsillar tissue having been reproduced. The author remarks upon the rarity of the affection and the value of enucleation as a means of getting rid of enlarged tonsils. *W. Milligan.*

Panas.—*Bilateral Dacryoadenitis secondary to Tonsillitis.* "Semaine Méd.," Jan. 23, 1895.

THE author relates the case of a young man, twenty-five years old, admitted into the hospital for bilateral dacryoadenitis. One month before, he had had bilateral acute tonsillitis with cervical glands enlargement. Fever and adynamia lasted six days. Three weeks later, tumefaction of the lids occurred, lachrymal secretion was exaggerated, and little by little inflammation of lachrymal glands appeared.

The tonsils were now again enlarged, red, and presented purulent discharges. There was nasal bilateral discharge, muco-purulent. In these discharges were found, by cultures and bacteriological examinations, virulent streptococci and staphylococci. The author thinks that lachrymal inflammation is directly connected with infectious disease of the nose and tonsils.

A. Cartaz.

Gurney (Dovercourt).—*Arterial Hemorrhage produced by Impacted Rabbit Bone in Oesophagus; Recovery.* "Brit. Med. Journ.," Jan. 12, 1895.

THIS occurred in a man, aged eighty-six, who stated he had had a small bone in his throat for three days. On examination nothing could be detected. Passing an expanding probang into the oesophagus relieved symptoms somewhat, but did not remove the bone. After three days more the patient suddenly vomited a pint of arterial blood. Ice externally and internally was administered and the patient recovered. The bone had evidently sloughed through the oesophagus and perforated a large blood-vessel.

Wm. Robertson.

Hacker (Wien).—*On the Value of Oesophagoscopy by Electric Light for Diseases of the Oesophagus with special regard to Foreign Bodies.* "Wiener Klin. Woch.," 1894, Nos. 49 and 50.

THE author has performed a large number of examinations with Mikulicz-Leiter's electro-endoscope in normal and diseased oesophagus with the following results:—The normal oesophagus has a rosy colour; its lumen differs in its different parts. Respiratory, pulsatory and peristaltic movements can be observed. In acute inflammations the oesophagus is more red than normal; in chronic it is pale and oedematous; after the extraction of foreign bodies little wounds can be seen in the mucous membrane; partial dilatation, compression and strictures can be detected by variations of the lumen. The author has observed more than one hundred cases of cancer; most of them were in the region of the bifurcation. In the early stages of the disease the oesophagus shows protuberances, redness, cyanosis, stenosis of the lumen, and thickening of the epithelium. In later stages ulcerations can be seen. Usually it is possible to diagnose the cancer upon the first examination with certainty. The best therapeutical effects can be obtained in the case of foreign bodies. It is possible to remove impacted bodies, which could not be done in any other manner. In healthy gullets the foreign body is usually retained at the region of the bifurcation. The author was able to remove an impacted plate of artificial teeth, an impacted bone which could not be extracted in Schroetter's clinic, two pieces of bones impacted in the same region, soft bodies which could not be pressed down by bougies, and in some cases pieces of meat or fruit stones. In cases of strictures of the oesophagus, in which the strictured part was obliterated by foreign bodies, gastrotony and oesophagotomy were also avoided. From these diagnostic and therapeutical results the great value of the electric oesophagoscope is proved.

Michael.

Friedrich (Leipzig).—*Varices of the Oesophagus.* "Deutsche Archiv für Klin. Med.," Band 53, Heft 5 and 6.

A CHILD, six years old, suffering for two years from hæmatemesis and chorea. The hæmatemesis was thought to be caused by an ulcer of the stomach. Two years after the commencement of the disease the child died from repeated hæmorrhages. The *post-mortem* examination showed that there was nothing pathological in the stomach, but the oesophagus was filled with thick varicose veins. No etiology of the disease could be discovered. Varicose veins at such an early age have not before been observed.

Michael.

Mandach (Schaffhausen). — *Cure of a Diverticulum of the Œsophagus by Operation.* "Correspl. für Schweizer Aerzte," 1894, No. 24.

A PATIENT, sixty-two years old, had for many years difficulties of swallowing, increasing more and more, until he could not any longer swallow anything, even fluids. The examination showed that there was an œsophageal diverticulum on the right side of the trachea. Extirpation of the diverticulum was followed by complete cure. *Michael.*

Schmidt, Meinhardt (Cuxhaven).—*External Œsophagotomy.* "Deutsche Zeitsch. für Chir.," No. 39, Heft 5 and 6.

A GIRL, twenty-one years old, had difficulty in swallowing for some time, which increased so that the patient could not swallow anything. Examination showed stricture of the œsophagus, impermeable to any probe. No cause for the stricture could be found. Œsophagotomy was followed by feeding with a canula. Some months later, division of the stricture and dilatation with bougies was made. Cure followed. Now the patient can swallow very well; has increased twenty-two pounds. Bougies are introduced occasionally. *Michael.*

NOSE AND NASO-PHARYNX.

Bresgen (Frankfurt-a-Main).—*Nasal Diseases of School Children.* "Münchener Med. Woch.," 1895, No. 1.

ON the relation of nasal diseases to the general health, headache, and aural diseases of school children. *Michael.*

Pierre, J.—*Nature of Scrofulous Diseases of Eyes, Ears and Naso-Pharynx; Treatment by Sea Climate.* Thèse de Paris, 1895.

SCROFULOUS inflammations of eyes, ears and naso-pharynx are local diseases, depending ordinarily upon another local disease, viz., adenoid vegetations. They are not the result of the so-called scrofulous temperament, but of anterior and primitive marasmic conditions of childhood. The recurrences and persistence of these, otitis, blepharitis, and rhinitis are due to numerous micro-organisms seated in the crypts of hypertrophied tonsils. Ablation of the adenoid tumours is the only treatment, to be combined with sea air and seaside as modifying agents of the general health. *A. Cartax.*

Black, G. M.—*A new Instrument for Vibratory Massage of the Nasal Mucous Membrane.* "New York Med. Journ.," Dec. 22, 1894.

THE author, after an extended experience of massage of the nasal mucosa in cases of atrophic rhinitis, has formed a very favourable opinion of its utility. The main objection he found was that the manipulations were very tiring to the operator. To overcome this, the motor power for propelling his instrument is derived from an eighth horse-power electro-motor, to which is attached a White's dental shaft and hand-piece. To the hand-piece is attached the probe-carrier, which slips over the hand-piece by two rings, and is held in place by thumbscrews. The probe, made of copper and with a bulbous end, slips into a tube soldered to the two rings, and held fast by another thumbscrew. Introduced into the hand-piece is a shaft which carries a piece of leather. As the shaft revolves, the leather strikes against the probe during each revolution, and causes it to vibrate. Any

W