

resemblance was marked. Probably such cases, and also simple catarrhal laryngitis, are called diphtheria in practice.

Dr. BARRETT said that a distinction must be made between diphtheria and such affections as follicular tonsillitis and forms of laryngitis with mucoid exudation (not false membrane). Cases undoubtedly existed, as quoted by Dr. Jamieson, where diphtheria was produced by local inoculation, but these facts did not prove that it could not be produced in any other way.

*R. Norris Wolfenden.*

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## MOUTH, TONGUE, PHARYNX, ŒSOPHAGUS, &c.

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**Cousins, J. Ward** (Portsmouth).—*Melanotic Sarcoma of the Sub-Maxillary Gland.* "Brit. Med. Jour.," Dec. 14, 1889. S.E. Hants District, B.M.A., Nov. 14, 1889.

THE growth had been removed, and nine months previously the right eyeball of the same patient had been excised for melanotic sarcoma.

*Hunter Mackenzie.*

**Cousins, J. Ward** (Portsmouth).—*Salivary Calculus Removed from Wharton's Duct.* "Brit. Med. Jour.," Dec. 14, 1889. S.E. Hants District, B.M.A., Dec. 14, 1889.

EXHIBITION of specimen.

*Hunter Mackenzie.*

**Barling** (Birmingham).—*Congenital Syphilis.* "Brit. Med. Jour.," Nov. 23, 1889, Mid. Med. Soc., Nov. 6, 1889.

EXHIBITION of a girl, aged seventeen, the subject of congenital syphilis. She was the eldest of eight children, and the only one showing evidence of the disease. She was quite deaf, had double interstitial keratitis, Hutchinson's teeth, and severe ulceration of the palate. The soft palate was adherent to the base of the tongue, and food passed into the pharynx through a perforation on the right side which was not more than half an inch in diameter.

*Hunter Mackenzie.*

**Rundle.**—*Epithelioma of Tongue.* "Brit. Med. Jour.," Dec. 14, 1889. S.E. Hants District, B.M.A., Nov. 14, 1889.

PATIENT and specimen (one half of tongue) shown. Rapid recovery after the operation was believed to have been facilitated by the use of iodoform dissolved in tinct. benzoin comp., as a dressing.

*Hunter Mackenzie.*

**Jacobson** (London).—*Pre-cancerous Condition in Epithelioma of the Tongue.* "Brit. Med. Jour.," Dec. 14, 1889. Met. Counties Branch, S. London Dist. B.M.A., Dec. 4, 1889.

THE chief varieties of the pre-cancerous stage were stated to be leucoma, persistent chronic glossitis with hypertrophy and sulci, ichthyosis of the tongue, bald tongue, warts (especially those of syphilitic origin) on the posterior third of the tongue, fissures, cracks, and ulcers. Microscopical examination of the tongue by scraping, after the application of a five per cent. solution of cocaine, was recommended. Important symptoms were persistent painful induration or excoriation, commencing fixity of the tongue, and glandular enlargement.

Mr. GOLDING-BIRD thought Mr. Jacobson's conclusions too sweeping, for the conditions mentioned above were not always pre-cancerous. He agreed as to the importance of leucoma and ichthyosis. A persistently white tongue was more often due to syphilis than to smoking. All cases when first seen were more or less inflamed and needed potassium iodide for three weeks.

*Hunter Mackenzie.*

**Garrison.** — *The Galvano-Cautery for the Treatment of Hypertrophy of the Tonsils in Children and Adults; with Cases.* "Jour. of Ophthal., Otol., and Laryngol.," Jan., 1890.

THERE is nothing new in this paper, and the author utterly fails to show that the guillotine ought to be superseded by the galvano-cautery. The paper smacks of tinkering surgery and homœopathy.

*B. J. Baron.*

**Honman, A.** — *The Correlation of Follicular Tonsillitis in Children, with other Zymotic Diseases.* Inter-Colon. Med. Congress of Australasia, 1889.

THE numerous instances where the disease has assumed the character of an epidemic, the persistent way in which it returns to a neighbourhood where the surroundings are unhealthy, and the distinctive symptoms of its course, lead the author to believe that there is a distinct relationship between this disease and others of a septic character. The onset was sudden, preceded by rigor or convulsions, or wild delirium. Tonsils and uvula were deep red; temperature 103°—105°; pulse below 120°. Twenty-four hours after the tonsils would be deeply congested and meeting in the centre; uvula œdematous. The exudation may be very extensive, white but less tenacious than diphtheria, and, having no inflammatory zone, on removal showing the crypts plugged with exudation. There are joint pains, tenderness over the tonsils, but no enlargement of lymphatic glands. Albuminuria frequently occurs. Within forty-eight hours these symptoms usually subside, and the child is well by the fourth or fifth day. In one case a child exposed to septic influence was laid up without any signs of diphtheria. All exudation disappeared, and the child went on well. A relapse occurred: well marked diphtheritic patches occurred on the tonsils, which spread to the larynx, and the child died. Three doors from where this child lived was a house where every child had been repeatedly liable to follicular tonsillitis. After the death of the child mentioned, these cases appeared to become more and more obstinate, and three months after one child had typical diphtheria, followed two months after by similar affection of another child.

In another case of ordinary follicular tonsillitis, convalescence was apparently occurring, when the temperature rose to 105°, the

symptoms became typhoid-like, and death resulted from perforation of the bowels.

In another instance, a man subject to follicular tonsillitis was laid up with an acute attack. He recovered without any peeling of skin. The sister was attacked in a mild form. Her two children had severe attacks of scarlet fever with desquamation, and in one case nephritis. The author believes, from the frequency with which he has observed series of cases of this disorder, where there has been no intercourse between the families attacked, that there must be a cause other than ordinary chill, and that this is defective drainage. In Williamstown, where the drainage is defective, the disease becomes quite epidemic, especially after there have been showers, and the ground has commenced to dry. In hot weather the disease has been prevalent also. The author instances cases where the obvious cause has been bad sanitation. In one house every child had follicular tonsillitis, and there were four cases of typhoid fever.

*R. Norris Wolfenden.*

**Cheatham.**—*Tumours of the Pharynx: Two Cases.* “The American Practitioner and New,” Dec. 7, 1889.

THE first case is that of a boy, aged twelve, who suffered from a large sarcomatous growth, filling up the post-nasal space, and springing from the upper right side of the pharynx. It was removed by means of a Mathieu's tonsillotome passed through the mouth, the growth being dragged down by a vulsellum.

The second case is that of a man, aged sixty-seven, whose naso-pharynx was blocked by a roundish tumour covered with blood vessels, springing from the right side and right half of the posterior pharynx, and which bled profusely on being touched: it was not removed nor was its structure ascertained.

*B. J. Baron.*

**Bell, Alan** (Bishop Stortford, Herts).—*Removing a Foreign Body from the Œsophagus with a Soft India Rubber Tube.* “Brit. Med. Jour.,” Nov. 30, 1889.

NARRATION of the case of a child who swallowed a halfpenny piece. It was removed by the introduction and rapid withdrawal of a soft tube.

*Hunter Mackenzie.*

**Rivington.**—*A Case of Stricture of Œsophagus,* Hunterian Soc., “Lancet,” May 10, 1890.

A LABOURER, aged sixty-one, had symptoms of stricture without apparent cause; a bougie passed fourteen inches. The disease was diagnosed as malignant. Bougies were persevered with, and on the twelfth day he passed the smallest tube, increasing until in two weeks more he passed No. 12 bougie with a bulbous end; he could now swallow bread-and-butter. He is doing his work, and gaining weight; no signs of syphilis. Mr. Rivington's second case was of an emaciated woman, aged fifty-five. During a month bougies were tried, once only passed into the stomach. She could hardly swallow anything; was constantly vomiting. On March 1st he performed gastrostomy, finding the stomach much contracted, like

small intestine, and having a mass of cancer at the cardiac orifice. The stomach was opened two days after, and a small glass tube left in, through which peptonised fluids are injected. A stone had been lost in weight during three weeks before the operation ; five pounds and a half only in the seven weeks since. *R. Norris Wolfenden.*

**Harris, Thomas** (Manchester).—*Unusual Case of Malignant Disease of the Œsophagus.* "Brit. Med. Jour.," Dec. 21, 1889. Manchester Med. Soc., Dec. 4, 1889.

EXHIBITION of specimen. Death had been caused by perforation into the lung, and the production of pulmonary gangrene. Dysphagia had been of very sudden onset during a meal about ten months before death. The œsophageal tube could be not passed on some occasion, whilst on others, even a few days before death, it could be easily passed. The disease (ulceration) was situated about the middle third of the gullet ; it extended three and a half inches in a longitudinal direction.

*Hunter Mackenzie.*

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## NOSE, NASO-PHARYNX, &c.

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**Brown, John** (Manchester).—*Hypertrophy of the Bones of the Face, and of the Hyoid Bone.* "Brit. Med. Jour.," Dec. 21, 1889. Manchester Med. Soc., Dec. 4, 1889. (See Abstract, this Journal, May, 1890.)

*Hunter Mackenzie.*

**Calman** (Bloch).—*Empyema of the Antrum of Highmore, with Special Relation of Twenty-six Cases observed in the Polyclinic of Dr. Michelsen in Königsberg.* Inaugural Dissertation. Königsberg, 1890, p. 43.

THE author gives a review on the literature of this condition, and speaks of the etiology, anatomy, symptomatology, diagnosis, and therapeutics of the disorder. He refers the views of different authors on these points with special reference to Mikulicz's method, and then relates the results of twenty-two cases operated upon. In three of the twenty-six cases the patients would not submit to operation. In one of them an operation could not be finished because of abnormal thickness of the bone. Cooper's operation was performed in fourteen cases ; Mikulicz's in four ; Ruster's in one ; Krause's in one. Of these cases, thirteen were cured, four improved, and four not benefited. The duration of the after-treatment was in eight cases from three to fourteen days ; in four cases one to ten months ; in one case two and a half years. It seems that the point operated upon is of no great significance as to the result. *Michael.*

**Zwaardemaker, H.** (Utrecht).—*On Measurement of the Sense of Smell in Clinical Examination.* "Lancet," June 29, 1889.

DESCRIPTION of an instrument (the "olfactometer") designed by the