what is so often seen in diphtheritic angina, the false membrane does not spread to the opposite side.

Diagnosis must rest upon microscopic examination of the exudate. When stained with dilute Ziehl's fuchsine, or with thionine, two species of micro-organisms are always found predominating.

1. A peculiar bacillus, easily recognized from its length (ten to twelve μ), bulged in the centre and tapering off at either extremity.

2. A slender spirillum, more difficult to stain, and closely analogous to that found in tartar, normal saliva, etc. This spirillum is often extremely abundant, but does not bear the same relation to the angina as the bacillus, which has sometimes been almost the only micro-organism present. The development of the spirillum would seem to be dependent on the presence of the latter, and is sometimes found associated with streptococci also. The peculiar bacillus the author has named, from its shape, "bacille fusiforme." Short forms occur—sometimes united in pairs, end to end. Extra long forms also occur; and they may even be found as filaments, which display their identity by the taper extremities and granulated protoplasm. The bacillus is especially abundant at the onset of an attack, and is found either uniformly distributed over the field of the microscope or collected into groups and confluent masses, and even in bundles, with a radial arrangement of the separate elements.

Involution forms are often seen; and it is very common to find vacuolated individuals, the clear, rounded spaces (to the number of two or three) not staining with the usual spore stains. In the filamentous the vacuoles are numerous; and in some of the involutious forms the centre is much swollen and takes no stain.

The "fusiform bacillus" is not stained by Gram's method; and the same applies to the associated spirillum. The author has failed to obtain a culture of the bacillus, after trying a number of media both in air and in vacuo. Inoculation of the faucial and buccal mucosa in animals has been negative.

The bacillus seems to exist in small numbers on the surface of the tongue and tonsils in healthy persons. The characteristic form, large size, non-coloration by Gram, and impossibility of culture, differentiates this bacillus from that of diphtheria; and it is interesting to note that these peculiarities, together with the association with a spirillum, offer a certain resemblance to those of the bacillus of hospital gangrene (wound diphtheria) described by the same author.

The most successful clincal results would seem to follow application of tincture of iodine, with boric gargles. The disease always clears up without complication.

Ernest Waggett.

MOUTH, &c.

Armstrong, G. E.—*Excision of Tongue.* "Montreal Med. Journ.," Jan., 1898.

In June, a man, age not given, presented himself with a small epithelioma of the tongue on the right side, opposite the molar teeth. He declined operation. In October he returned. Extensive infiltration had taken place. The whole floor of the mouth was involved. Had constant pain, and begged to have his tongue removed. He could not speak with distinctness. Dr. Armstrong performed tracheotomy and excised the tongue at the one operation. As the lymphatic glands of the neck were very much enlarged, the lateral incision of Kocher enabled him to remove them as well as the maxillary. So far the patient has done well.

This was unavoidably a late operation. The author lays stress upon the

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importance of early diagnosis and early operation, with complete extirpation of the infected area. *Price-Brown.*

Bowen, Jas. J.—*Hypertrophy of the Lingual Tonsil.* "New York Med. Journ.," Dec. 25, 1897.

HYPERTROPHY of the lingual tonsil differs from that of the faucial tonsil in being a disease of adult life. Its etiology is, in some particulars, definite—in others obscure. Sometimes, following diphtheria and scarlet fever, it is very common in those using spicy and other irritating articles of diet. Tobacco and alcohol are also contributing causes. The author details the main symptoms of the disease; and his experience does not confirm the observation made by Lewin in the "Laryngoscope" of July, 1896, that the disease is rather frequently associated with goître. Removal of the hypertrophied organ is the ideal method of treatment.

Delavan, D. Bryson.—*Tertiary Ulceration, simulating Sarcoma of Tonsil.* "New York Med. Journ.," Dec. 4, 1897.

MICROSCOPICAL examination alone revealed the nature of the lesion in the well-marked proliferation of the tonsillar endothelium. The case was exceedingly obscure; but the above fact, combined with the stationary condition of the disease, afforded sufficient grounds for a diagnosis which subsequent antisyphilitic treatment—fortunately for the patient—fully confirmed.

Elder, J. M.—*Removal of Foreign Body from the Cheek.* "Montreal Med. Journ.," Jan., 1898.

REPORT of removal of a pen from the inside of the cheek of a young man, aged twenty-two, after it had been embedded in the tissues for seventeen years.
Price-Brown.

Fraenkel, A. (Vienna).—*Operation for Carcinoma of the Tonsil.* "Münchener Med. Woch.," April 5, 1898.

THE author recommends in localized carcinoma of the tonsil, where formerly resection of the jaw and previous tracheotomy were done, that the external carotid should be ligatured, and the growth removed by the mouth. He has done this with good results in two well-described cases. Hæmorrhage was not severe: application of a suture was sufficient. *Guild.*

Freudenthal, W.—*Salivary Calculus.* "Journ. Am. Med. Assoc.," Feb. 26, 1898.

HE reviews the literature on the subject, and describes two cases of his own. One patient came to him with an abscess under the left side of the tongue of two weeks' duration. After opening it he found a calculus in Wharton's duct, and another the size of a cherry embedded in the substance of the submaxillary gland.

The other patient had noticed a swelling under the tongue for two and a half years, which had grown steadily and occasionally gave pain. During the night he snored so loudly that it was necessary to waken him, and would become markedly cyanotic. A large swelling was found under the right side of the tongue in which fluctuation was present, and a hard mass could be plainly felt within. He refused operation. Several weeks later a note from his physician announced his death. He had imbibed more freely than usual, and retired. His wife found him breathing with difficulty and cyanotic, and called a physician, but he died from suffocation before help arrived. At the autopsy an almond-shaped calculus was found surrounded by a large pus cavity. His death was due to his inability to evacuate the pus as usual. *Dodd.*

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Hartman, J. H.—*A Case of Angioma of Tonsil, with Recurrence of the same Three Years after Removal.* "New York Med. Journ.," Dec. 25, 1897.

THIS rare disease in the case quoted was confined to the left tonsil. The growth was removed very slowly with a wire écraseur.

Hirsch, Wm.—*The Question of Sensory Fibres in the Hypoglossal Nerve.* "New York Med. Journ.," Jan. 8 and 22, 1898.

THE writer does not consider it conclusively proved that the twelfth nerve takes any part in the sensibility of the tongue. On the other hand, in the "New York Med. Journ.," Jan. 1st and 22nd, 1898, S. J. Meltzer supports Lewin's theory to the effect that the hypoglossal distributes sensory fibres to the tongue. Meltzer, basing his opinion on actual experiments, concludes that the amount of sensibility thus imparted is small, and is wholly effected by the branches of the cervical nerves which join the hypoglossal.

Mongour.—*Diphtheritic Stomatitis.* "Presse Méd.," Nov. 27, 1897.

THE case of a child four years of age, with three small patches of pseudo-membrane on the tip of the tongue and buccal surface of the lips. These patches, which had already existed several days, resisted all the usual local applications. A gelatine culture of the membrane gave an almost pure growth of Klebs bacilli, and a single dose of antidiphtheritic serum produced cure in four days.

Ernest Waggett.

Plicque.—*Pharyngeal Tuberculosis in Children.* "Annales des Maladies de l'Oreille," etc., Nov. 1, 1898.

PHARYNGEAL tuberculosis is not so common in youth as in adults. It can be derived from the air passages, or can localize itself primarily in the pharynx and spread to the uvula and tonsils, sometimes to the epiglottis and naso-pharynx. Diphtheria and lupus come under consideration in the differential diagnosis. Pharyngeal tuberculosis often shows a false membrane like diphtheria, which rapidly disappears with lactic acid. The absence of Loeffler's bacillus, the presence of tubercle bacillus, slight fever, grey translucent nodes like millet seeds, caseous disintegration, and slow extension differentiate it from diphtheria. In lupus the nodules are larger, the cervical glands are smaller, there are isolated cicatrices, and usually other parts affected (face, nose). Difficulty in swallowing is frequently severe, and demands artificial nourishment. Every case published has ended fatally; the course is often very rapid. *Guild.*

Schwartz.—*Hairy Pharyngeal Polypus.* "Munchener Med. Woch.," April 12, 1898. "Zeitschrift für Ohrenheilk.," XXXII.

A PEDUNCULATED tumour the size of a hazel nut was removed with the snare from the posterior surface of the soft palate of a girl three years old, who had the appearance of adenoids. Such tumours appear microscopically like lipomata covered with skin (*cutis*). *Guild.*

Stetter.—*Glossitis Papillaris and Tuberculosa.* "Münchener Med. Woch.," March 22, 1898.

THE author found in four cases of slight dysphagia an enlargement of the circumvallate papillæ. Microscopic examination of the excised papillæ showed complete cornification—instead of normal epithelium a covering of flat-levelled cells. The centre of the small tumour was formed by a vascular process of connective tissue, *i.e.*, consisted of a hard papilloma. He further describes a tubercular process in the region of the circumvallate papillæ, and gives its symptomatology. It is recognized by a slightly indurated base, smooth cut edges, and especially by small yellow points on its base and around it. *Guild.*

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