

Hagenbesh-Burnharrdt.—*Contribution to the so-called Relapse of Diphtheria.* "Correspbl. für Schweizer Aerzte," Mar. 15, 1897.

THE author reports that the so-called relapses of diphtheria are in reality not relapses, but cases not quite cured. He relates two cases as a proof of his meaning. One child left the hospital cured by serum, and entered again after a fortnight with diphtheria of the nose; again treatment by serum. Recovery. Another child cured by serum (Behring II.) in four days; after four weeks the author still found Loeffler bacilli.

R. Sachs.

Roger and Bayeux.—*Experimental Diphtheria.* ("Croup Expérimental.") Soc. de Biologie. "Presse Méd.," Mar. 17, 1897.

THE authors have experimented with solutions of pure toxin. Intratracheal injection in guinea-pigs caused death by systemic poisoning without the production of local symptoms. Eleven rabbits were employed in the same manner, solution of toxin being injected into the intact trachea. Of these, three died of general toxæmia without local signs; the remaining eight developed well-marked false membranes, giving rise to dyspnoea, etc. The rabbits proved more resistant to the disease than guinea-pigs, and in one individual destroyed for the purpose abundant false membrane was found, but no evidence of general intoxication. The authors think the pseudo-membrane indicates a certain power of resistance to the poison, which spends its strength in causing local disturbance.

Ernest Waggett.

Tavel.—*Bacteriological Examination of Diphtheria.* Versammlung des Med. Chir. Gesellschaft in Bern, July 25, 1896.

DESCRIPTION of the different methods used in Switzerland of bacteriological examinations of material suspicious of diphtheria. The author, and all the others who took part in the discussion, thought the best method the one of Berne (sterilized pledget of cotton in glass pipe and cardboard box).

R. Sachs.

Wieland.—*Relapses of Diphtheria after Treatment by Serum.* "Correspbl. für Schweizer Aerzte," Mar. 1, 1897.

THE author has seen some typical relapses of diphtheria a short time after treatment by serum.

R. Sachs.

MOUTH, &c.

Claisse.—*Primary Actinomycosis of the Tongue.* "Presse Méd.," Mar. 31, No. 26, 1897.

A CASE is described which for some months remained undiagnosed. The disease commenced with a fissure on the edge of the tongue in the neighbourhood of a carious molar. The latter was dealt with. After an interval of some weeks the patient, a middle-aged man, returned with an indolent, firm, rounded tumour embedded in the tongue and resembling a gumma. Iodide of potassium was prescribed, and the tumour diminished in size. The drug was neglected, and the patient returned after an interval with a fluctuating swelling. On aspiration masses of ray fungus were for the first time discovered. Iodide of potassium gave a complete cure. The differential diagnosis is here discussed.

Ernest Waggett.

Contemale.—*On Tubercular Ulcerations of the Buccal Cavity.* "L'Echo Méd. du Nord," No. 1, Vol. I., Jan., 1897.

To the first number of his journal the editor contributes a systematic and graphic account of tubercular ulcerations of the mouth, delivered in the form of a clinical lecture. In his experience, the co-existence of lingual and pharyngeal ulceration is very rare. He recommends lactic acid applications as the most successful of the palliative measures.

Ernest Waggett.

Lermoyez and Barozzi.—*A Case of Bilateral Bucco-Pharyngeal Zona. Differential Diagnosis of the Herpetic Eruptions of the Pharynx.* "Ann. des Mal. de l'Oreille," etc., March, 1897.

TRUE zona of the mouth and pharynx is uncommon, but it is extremely rare to find a bilateral distribution of the disorder. The case occurred in a man of seventy-eight, without general disturbance of health. The vesicles, which were arranged in groups, came out in successive crops, and lasted for some weeks. They were arranged with geometrical symmetry, and were situated on the hard and soft palate, the uvula, and the inner surfaces of the lips. The last crop had a definite unilateral distribution, being sharply rounded by the middle line of the palate. The territory affected exactly corresponded with the buccal area supplied by the second branch of the trigeminal nerve.

The remaining sixteen pages of this paper the authors devote to an exhaustive account of points of diagnostic differentiation between true zona and other herpetic eruptions met with in the mouth and pharynx. This will best be dealt with here by reproduction of the conclusions arrived at in the tabular form appended to the paper. The three which require differentiation are:—(1) Herpetic angina, which more particularly affects the tonsils. (2) True zona. (3) Recurrent pharyngeal herpes, a disorder usually found in women and associated with the menstrual function.

HERPETIFORM ANGINA.	PHARYNGEAL ZONA.	RECURRENT PHARYNGEAL HERPES.
Sudden onset, with headache, rigor, and intense general disturbance	Insidious onset; very little general disturbance	General disturbance often absent
Pain in the throat increases. It is slight at first, but becomes intense at the time of eruption, and lasts to the end of the attack	Less pain in the throat. It is most marked at the onset, and then decreases. It has disappeared almost as soon as the eruption appears	Very little pain. Burning sensation often unnoticeable.
Eruption bilateral	Eruption unilateral	Eruption very intense. Often localized to the same area during each relapse
Attacks the tonsils particularly; but also affects simultaneously the pharynx, larynx, and lips	Limited to the area supplied by a nerve, usually the second division of the 5th. It affects the palate, uvula, gums, and cheeks, leaving the tonsils and pharynx intact	A particular spot; often in the neighbourhood of the anterior pillar
Short duration. Four to six days' acute course	Longer duration. Fifteen to twenty days' subacute course	Eight to ten days' duration.
Frequently recurs.	Never recurs	Always recurs, often with periodicity.

Ernest Waggett.

Gaudier.—*Note on a Vascular Tumour of the Tongue.* “L’Echo Méd. du Nord,” March 7, 1897.

THE tumour occurred in a young woman, and had existed from an early age. At puberty it first began to give trouble, increasing in size at that time. At the age of eighteen it began to give rise to hæmorrhages.

Examination showed a violet-coloured sessile tumour, of the size of a nut, situated at the base of the tongue to the left of the middle line. It was soft in consistence, and was entirely reduced by digital pressure. Two or three distinct mammillated prominences gave to the swelling the aspect of a bundle of worms. No enlarged afferent or efferent vessels were present.

The tumour was removed with a cold snare after transfixion by a needle. No hæmorrhage occurred. Microscopic examination showed the growth to consist of normal papillæ, in each of which the central artery was much dilated. It appears to be an example of papillary angioma or angiomatous papilloma. *Ernest Waggett.*

Pakes, W. C. C.—*The Bacillus of Friedlaender in Pharyngitis and Tonsillitis.* “Brit. Med. Journ.,” March 27, 1897.

IN MM. Nicolle and Hébert’s published account of the occurrence of the pneumo-bacillus of Friedlaender on the throat of patients suffering from tonsillitis, follicular tonsillitis or membranous pharyngitis, upwards of one thousand six hundred serum tubes inoculated from the throats of patients were examined by them, and they found the pneumo-bacillus of Friedlaender eight times, six times alone. Since November, 1894, upwards of five hundred serum tubes, inoculated from the throats of patients in the wards or out-patients of Guy’s Hospital, have been examined. In five cases the author has found the bacillus of Friedlaender; twice it was found on the surface of the serum in pure cultivation, twice in association with the Klebs-Loeffler bacillus, and once with the staphylococcus aureus.

The morphological characters which they exhibited were :—

1. Non-motility.
2. Polymorphism.
3. Decoloration when stained by Gram’s method.
4. The presence of a well-developed capsule, especially when taken from the heart-blood of the inoculated mice after death.

The cultural characters were as follows :—

1. Whitish, semi-translucent, sticky growth in bouillon.
2. Aërobic and anaërobic growth in gelatine, causing no liquefaction.
3. Whitish, moist, raised growth on slanted gelatine, the growth slipping to the bottom of the tube after four or five days.
4. Abundant gas production in glucose gelatine shake cultivation.
5. Slimy and almost transparent growth on agar and blood serum.
6. Formation of acid in dilute lactose bouillon.
7. Coagulation of milk with an acid reaction (in four cases before the ninth day, in one case on the eleventh day).
8. Brownish abundant growth on potato.

Pathogenicity.—Mice were inoculated at the root of the tail with a small quantity of a young agar culture from each case. In two cases the mice were dead on the second morning; in the other three cases they were dead on the third morning. The typical capsulated bacilli were found in the heart-blood and spleen of each mouse, and from the heart-blood pure cultures were recovered.

Notes of the cases are unfortunately not very full.

Cases I. and II. (both children). There were small yellowish plugs on both tonsils, which were spreading towards one another. Klebs-Loeffler bacilli were

found in conjunction with the bacillus of Friedlaender. The children were lost sight of.

Case III. A man, aged thirty; sore throat noticed for a few days. The fauces were red, and the tonsils red and swollen: there was a slight colourless exudation on both sides of the fauces. There was no constitutional disturbance. The cultivation on coagulated blood serum was a pure one of Friedlaender's bacillus. On the following day the throat had the same appearance, and the second cultivation again proved to be a pure one of the same bacillus.

Case IV. A man, aged twenty, ill one week. The fauces were red and injected, and there were two or three whitish plugs over the crypts of the tonsils, but no sign of membrane. The culture on blood serum was found to consist of the bacillus of Friedlaender and staphylococcus aureus. Two days later the throat was still inflamed, but less sore. A second cultivation revealed the presence of the same two organisms.

Case V. A girl, aged six. The tonsils were red and swollen, and a few plugs of whitish material were present. The temperature was 100° Fahr. A pure cultivation of Friedlaender's bacillus was found on the blood serum. *R. Lake.*

ŒSOPHAGUS.

Bull, W. F., and Walker, J. B.—*A Successful Case of External Œsophagotomy for Tooth-Plate Twenty-two Months impacted, with Summary of One Hundred and Sixty-seven Operations recorded up to January, 1897.* "Med. Rec.," Vol. LI., No. 10.

THE patient, a female of forty, had a fainting fit in November, and lost her plate of upper false teeth. Next day she could not swallow, but there was only slight pain. Her medical attendant could pass nothing down the œsophagus. Swallowing, however, gradually became easier, and she had no material discomfort for eighteen months. Now dysphagia, loss of voice and strength, came on. No bougie would pass more than seven inches from the teeth. Operation was decided on, and rectal feeding employed for five days to get up the strength. The œsophagus was opened just above the sternum on a bougie, and a pouch was found one inch beyond the episternal notch; this pouch contained the plate, which was removed after division of the anterior wall of the pouch. The patient was fed through a tube passed through the wound for thirteen days, the after history being uneventful. Of the 167 cases reported up to date, in only four was the impaction of longer duration, viz., twelve years, three years and three months, two years and three months, five years and nine months. The following table is given as comprising a series of thirty-two cases not hitherto grouped together:—