

MOUTH, PHARYNX, &c.

Nancrede.—*Hare-Lip.* “Times and Register,” August 10, 1889.

THE author presented a patient at his clinic at the Jefferson College, with the following remarks :—“This patient is a young woman of some eighteen years, and is unfortunate enough to be afflicted with hare-lip. This deformity is exceptionally calamitous in one of her sex, for they have no means of concealing it.

“She has already had an operation performed, but it was a miserable failure, and that fact makes a second operation more difficult and its success more uncertain. I shall make a lozenge-shaped incision, with the upper legs of the lozenge the longer. By bringing together the freshened edges, a slight pouting is produced below, just what we wish.

“I am proceeding with great deliberation as you see, and this is the main reason that hare-lip operations of the present day are more successful than they formerly were, that more time is taken.

“If there is a difference in level between the two sides of one-sixteenth of an inch, it can be noticed ; and my experience has been that those who have tried to make a so-called “brilliant” operation of this—finished it with a few quick cuts and several hasty stitches—are more likely to make a brilliant failure. I am accustomed to take the pins out in from forty-eight to seventy-two hours, and if I think the parts still need support to give it by placing across the incision a little cotton and covering with collodion.”
R. Norris Wolfenden.

Bean.—*Report of Two Cases of Buccal Tuberculosis.* “New York Medical Journal,” September 14, 1889.

AS regards the treatment of these cases, the writer does not believe in the virtues of lactic acid, but thinks that thorough and deep curetting, with careful and repeated applications of the Paquelin or galvano-cautery, offers the most efficient plan of treatment of the primary manifestation, but is quite useless when secondary to lung complications. (Thorough curetting ought always to precede the application of lactic acid, and we have seen this method of treatment do much good, even in secondary cases.)
B. J. Baron.

Clark, Francis W. (Luton).—*Case of Salivary Calculus—Removal.* “British Medical Journal,” April 27, 1889.

THE calculus weighed five grains, was oval in shape, and had a granular surface.
Hunter Mackenzie.

Barker, F. R. (Medical Staff).—*Notes of Cases of an Outbreak of Syphilis following on Tattooing.* “British Medical Journal,” May 4th, 1889.

THE interest on these notes, so far as this Journal is concerned, consists in the fact that the saliva of the tattooer (syphilitic) was the source of the

virus. It is also remarkable that five out of twelve cases should have had distinct rupiæ as their primary local lesions. *Hunter Mackenzie.*

Barlow, Thomas (London).—*Hemiatrophy of the Tongue.* "British Medical Journal," May 4, 1889. Clinical Society of London, April 26, 1889.

EXHIBITION of a child, the subject of hemiatrophy of the tongue associated with cervical spinal disease. Two years previously the child had been pitched off a barrow on the top of the head. There appeared to be some peripheral paralysis, as indicated by difficulty in swallowing, etc. *Hunter Mackenzie.*

Browne, Lennox (London).—*On the Cocaine Habit in Diseases of the Throat and Nose.* "British Medical Journal," April 27, 1889.

THE author utters "a word of warning against the growing inclination to cultivate a cocaine habit," and he "emphasizes the injurious effects on the naso-pharyngeal and laryngeal mucous membrane" which are bound to follow the continued local application of this drug. *Hunter Mackenzie.*

Hayward.—*Obstruction of Wharton's Duct.* "British Medical Journal," October 12, 1889.

A PATIENT who had great pain and swelling in the neck, which had rapidly come on, also presented a large tender swelling in the submaxillary triangle of the left side, evidently a greatly distended submaxillary gland, The history pointing to obstruction of Wharton's duct; it was found on the patient opening his mouth that a short, thick fishbone was impacted in the left duct, the patient being unconscious of its presence. With its removal the gland returned to its normal condition within a few hours.

Norris Wolfenden.

Johnson, Raymond (London).—*Sarcoma of the Tonsil.* "British Medical Journal," May 4, 1889. Clinical Society of London, April 26, 1889.

THE patient was aged fifty-six, and had had syphilis. The left tonsil was the size of a small orange, and was ulcerated on the inner side. There were some enlarged glands on the side of the neck. The case was thought to be one of lympho-sarcoma. *Hunter Mackenzie.*

Thorner (Cincinnati).—*Chronic Throat Affections of Rheumatic Origin.* Transactions of the Ohio State Medical Society, 1889.

THE principal symptom of chronic rheumatic sore throat is pain localized in and about the laryngeal and pharyngeal regions. In most of the cases seen by the author, there appears to be a few spots which seem to be predisposed to the rheumatic attack,—viz., the posterior pillars of the fauces, the root of the tongue, the whole region over the hyoid bone, especially over the greater cornua, and the lateral parts of the thyroid cartilage. These rheumatic pains are intermittent and worse during changeable weather. Exceedingly painful spots are found on pressure, especially between the trachea and hyoid bone. Deglutition is generally, and phonation sometimes, difficult and painful. The whole neck may be affected, or fixed and turned towards one side with a kind of torticollis. Dry burning sensations are felt in the throat with the sensation of a foreign

body. There is locally more or less congestion of the mucous membrane, sometimes limited to small circumscribed spots, and these latter are always very sensitive. As a rule congestion and swelling are not pronounced, and may be absent. Erosions, ulcerations, neoplastic formations are never found in the throat. The vocal cords may present a slight degree of chronic laryngitis. The diagnosis must be chiefly based on the history and manifestation of rheumatism in other ways in the patient. The effect of treatment is sometimes the best aid for ascertaining the diagnosis. Local applications alone have failed in every instance, in the author's experience, to afford more than temporary relief. When congestion is pronounced, he has found solutions of nitrate of silver and chloride of zinc useful, and speaks well of the effect of the pigment recommended by Ingals (morphia, grs. 4, carbolic acid and tannic acid, grs. 30, glycerine and water, āā ʒiv.), also of counter-irritants applied to the skin above the painful spots, such as tincture of iodine or sinapisms. The best results are obtained from internal medication, such as salol or salicylate of sodium in large doses, but their action is not as prompt as in the acute form of rheumatism. When they failed, he could seldom obtain benefit from any other remedy. In very obstinate cases, he saw the best results follow the application of the electric current, or massage of the neck; or both together.

Norris Wolfenden.

Knight, C. H.—*Note on the Galvano-cautery in the Treatment of Hypertrophied Tonsils.* "New York Medical Journal," October 12, 1889.

THE author prefers the guillotine for children, but sometimes uses the galvano-caustic knife and point for adults. Galvano-cautery is more painful than amygdalotomy, and there is evidently no small amount of trouble involved in fixing the snare on the tonsil. The surrounding structures are apt to be burnt, and we hear of abscess, etc., thus produced. Hæmorrhage, the writer admits, is very rarely serious in guillotine operations, and he quotes a case where it began five days after a galvano-cautery operation and was only stopped by compression of the carotid for ten days. No adequate reason for the use of any other instrument than the guillotine for the removal of ordinary large tonsils is brought forward in this paper, but for those extraordinarily large growths which cannot be pushed into the guillotine the galvano-cautery is evidently of value.

B. J. Baron.

Roe, J. O.—*The Treatment of Diseased Tonsils when unattended with Hypertrophy.* "New York Medical Journal," October 26, 1889.

THE author insists on a fact which is only too often lost sight of by those who are not in the habit of performing tonsillotomy, that whilst the chronic hypertrophy of a child's tonsil may subside, the gland will not usually return to its normal structure; and he mentions two forms of chronic diseased tonsil thus persisting.

1. A chronic disease of the crypts and lacunæ of the tonsil.
2. A fibroid degeneration of the stroma of the tonsil, or a cicatricial formation at the base of the tonsil.

The first condition is the result of chronic follicular inflammation, and is almost invariably associated with chronic follicular pharyngitis. The

second condition is also the result of follicular disease, except that simultaneously with the degeneration of the lymph follicles, there is a deposit of fibrous material in the stroma. The cicatricial formation at the base of the tonsils is the result of the frequent attacks of suppuration around the base of the tonsils, which is induced by the follicular disease. Careful examination, and, if necessary, the pulling forward by means of aneurism needles or a palate retractor, of the anterior pillars of the fauces, ought always to be carried out, and obscure reflex manifestations—neuralgia about the face, neck, and ear, irritation of the larynx, and hoarseness—may be cleared up. As to the treatment, after referring to caustics and galvano-cautery, the writer describes his method of dragging the tonsil out of its bed by the tenaculum, and cutting it away piecemeal with the bistoury as the only certain cure for this troublesome disease.

B. J. Baron.

Butler.—*Hæmorrhage after Removal of the Tonsils.* “New York Medical Journal,” November 2, 1889.

THIS is a letter to the Editor of the Journal, in which Dr. Butler states a case in which there was alarming hæmorrhage after the partial removal of the tonsil of a girl, fourteen years of age. Astringents, cold, and pressure were quite useless, and the operator stopped the bleeding by drawing the stump towards the middle line with a tenaculum, transfixing it with a needle, and passing a piece of silver wire around it. The needle was removed, the wire cut short, and left in position for two days. The tonsil appears to have been a very hard fibrous one, and to this latter condition preventing closure of the vessels the operator considers that the serious hæmorrhage is to be ascribed.

* *B. J. Baron.*

Burton (Cambridge).—*Carcinoma of Œsophagus involving the Right Recurrent Laryngeal Nerve.* “British Medical Journal,” May 11, 1889. Cambridge Medical Society, March 1, 1889.

EXHIBITION of specimen taken from a schoolmistress, aged fifty years. The voice had been hoarse, and paralysis of the right recurrent nerve had been noted.

Hunter Mackenzie.

Longhurst.—*Impaction of a Splinter of Grouse Bone in the Œsophagus.* “British Medical Journal,” October 5, 1889.

THE splinter of bone was easily removed with a probang, with relief to all the symptoms.

Norris Wolfenden.

NOSE, NASO-PHARYNX, &c.

Wortruba.—*Cholesteatoma of the Frontal Bone.* “Wien. Klin. Woch.,” 1889, No. 47.

THE patient, twenty-two years of age, had a tumour the size of a goose egg on the frontal bone situated over the right eye. He related that the tumour had commenced to grow seven years previously, and had gradually