

was fixation of the left half of the larynx; cords normal; imperfect abduction; thickening and irregularity in left hyoid fossa. He had increased salivation.

The question of total extirpation of the larynx along with enucleation of the infected gland arose.

Several members expressed the opinion that it was inoperable.

Abstracts.

MOUTH.

Blegvad, N. (Copenhagen).—*Black Tongue (Lingua villosa nigra)*. "Arch. für Laryngol.," vol. xx, Part II.

The writer gives a detailed account of ten cases of this condition which he examined both microscopically and bacteriologically. He also reviews the literature at some length. Of the many names which have been applied to the affection he prefers that of "lingua villosa nigra," because it indicates the two cardinal features of the disease. In all cases the filiform papillæ are of dark or black colour, and are markedly hypertrophic. The coloration and hypertrophy are, as a rule, limited to a symmetrical patch in front of the circumvallate papillæ, the tip and edges of the tongue remaining unaffected. Symptoms may be entirely absent, but often there is some form of dys- or paræsthesia of the tongue, mouth, or throat, and not infrequently the sense of taste is diminished. The affection has been known to appear in a single night, but as a rule it begins as a small patch, which spreads for a longer or shorter time and then gradually diminishes from the periphery inwards. In many cases the duration of the condition corresponds exactly with that of some other disease from which the patient is suffering. Men are affected more than twice as often as women. Of 84 cases collected by the author, including 10 of his own, 30 were in patients over 50 years of age, and 12 in children under 14 years; 36 suffered from some trouble of the digestive tract (including mouth and throat); 20 were very debilitated individuals, such as are frequently found to have a furred tongue; 12 were the subjects of syphilis; and 13 were said to be in normal health.

Authorities may be divided into two groups, according as they consider the affection to be of parasitic or of non-parasitic origin. Of those who belong to the first group some say that it is caused by a black parasite which grows on the surface of the tongue; others that the microbes first of all produce the hypertrophy and after that the dark coloration. Others, again, assert that the microbes cause the hypertrophy, but not the dark colour, while some say that they are responsible for the colour, but not for the hypertrophy. By those who deny the parasitic origin, a large number of different suggestions have been made. The cause has been said to be vaso-motor disturbance, trophic disturbance, hyperkeratosis, etc. The author finds that the parasitic view is not supported by the microscopical and bacteriological evidence, nor is the disease inoculable or infectious. Of the other suggestions that of

hyperkeratosis alone requires consideration. A comparison, however, of the papillæ from a case of black tongue with those from a normal tongue, shows that although the papillæ in the two cases differ in size and colour, the degree of cornification is the same in both.

The author's view is that the papillæ filiformes become lengthened from some cause, most often a slight glossitis produced by disease of the nose, throat, or digestive tract, by smoking, the use of drugs which like mercury are excreted by the mouth, stomatitis, etc. The papillæ thus lengthened become stained in a purely chemical way by ingesta (food, wine, tobacco), or by drugs (iron, mercury). This view is consistent with the microscopical appearances, and is supported by the great variety of the colours which are observed, for example, in the same patient at different times, black, blue, and brown. Hydrogen peroxide (10 per cent.) painted on once or twice a day is the best application for removing the colour, while stomatitis, if present, will require treatment. A complete bibliography is given.

Thomas Guthrie.

PHARYNX.

Wylie, Andrew (London).—*Foul Breath: its Causes, Pathology, and Treatment*. "West London Med. Journ.," vol. xiii, No. 2, April, 1908.

In an interesting paper the author tabulates various causes which conduce to breath fœtor. He classifies the types of fœtor as: (1) the putrefactive type; (2) the sulphuretted hydrogen type; (3) the garlic type; (4) the sweetish type; and (5) the toxic or hepatic type. He further classifies fœtor breath according to the different regions responsible for its source, summarising them thus: (1) Diseases of the nose and its accessory cavities, causing nasal obstruction and mouth-breathing; (2) imperfect deglutition; (3) oral and lingual affections; (4) diseases of the teeth and gums; (5) diseases of the tonsils; (6) chronic suppuration of the middle ear; (7) affections of the naso-pharynx; (8) diseases of the lung; (9) foreign bodies in the mouth, nose, pharynx, or larynx; (10) constitutional causes.

Some diseases of the nose cause a specially pronounced odour, for example, rhinitis sicca, which arises when the secretion is impaired or diminished in quantity and quality. A similar condition is found in atrophic rhinitis, where actual structural degeneration of the mucous membrane has taken place. Thus, in caseous rhinitis, where the pus and *d'bris* are charged with various forms of moulds, yeasts, and putrefactive bacteria, such as *Aspergilli torulæ* and the *Bacillus butyricus*, and in chronic diseases of the accessory cavities where pus is lodged in the maxillary antrum, or the ethmoidal, frontal, or sphenoidal sinuses, also in tertiary syphilis with necrosis of the ethmoid or vomer. In septal perforations, whether from operations, from tuberculosis, or syphilis, there is also fœtor, and the same is found when polypi and sinusitis co-exist. Generally speaking, fœtor may be present in any malformation of the nose which interferes with free discharge and proper ventilation.

Speaking of the constitutional causes, he mentions: (1) Gastro-intestinal derangements and dyspepsia, especially those which are associated with dilatation of the stomach. In patients troubled with severe chronic constipation there is a peculiar sickly, almost fœcal odour from the breath. Spirit drinkers have quite a different odour from beer