

Nevins, Arthur E. (Hanley, Staffordshire).—*The Naso-Pharynx in Influenza.*
"Lancet," April 16, 1892.

THE writer holds that even in cases when there is comparatively little mucous discharge from the nose there is a severe inflammation of the whole mucous lining of the naso-pharynx, including the various sinuses, and that to this circumstance much of the characteristic depression owes its rise. He recommends as a means of affording immediate relief the spraying of the throat and nose with a lotion consisting of four grains of chlorate of potash, four minims of tincture of perchloride of iron, and one ounce of peppermint water. This is done up one nostril, and then, after a discharge of viscid mucus comes away, up the other. The process is repeated every two hours for the first twelve hours; then every four hours. He condemns antipyretics and purgatives. *Dundas Grant.*

Braislin (Brooklyn).—*Naso-Pharyngeal Stenosis.* "Med. News," Mar. 26, 1892.

THE author pleads for the thorough examination of the nose and naso-pharynx in all troubles of the respiratory tract where we have reason to believe they may be involved. The usual methods of treating stenosis in this situation are carried out by the author, and, in addition, he uses a porte-acide, which consists of a glass tube, bent and flanged at its extremity, through which, when it is in the naso-pharynx, the caustic acid can be carried on cotton wool or a brush. *B. J. Baron.*

MOUTH, TONGUE, &c.

Gutzmann.—*On Sigmatisms.* Verein für Innere Medicin in Berlin. Meeting, March 7, 1892.

THE author speaks of the position of the mouth which is necessary to produce the consonant S. The tongue must be kept behind the closed teeth. If there are anatomical malformations which prevent this position, the lisping pronunciation of the S cannot be cured. *Michael.*

Forcheimer, F.—*The Etiology of Stomatitis Aphthosa.* "Archives of Pediatrics," May, 1892.

THE author refers to the current ideas as the etiology of this affection, such as "struma," "scrofula," "tuberculosis," "malnutrition," "deranged stomach," "a manifestation of the foot and mouth disease," and "infection through milk." Bacteriological examination of the aphthæ for *contagium vivum* has led him to a negative result, only the presence of pus-producers having been found. We must look for some chemical agent carried into the circulation, and producing an eruption upon a mucous membrane. There are, probably, multiple causes, since aphthæ are associated with other diseases, e.g., pneumonia, intermittent fever, gastro-intestinal disturbances, exanthemata, etc. The local lesion is looked upon by the author as herpetic, not following the course of any one nerve exactly, though in most cases it will be found to follow some branch of the fifth nerve, especially the lingual. Though aphthæ may occur in

several members of the same family, this is probably due less to local contagiousness than to the fact that all have been affected by the same primary cause.

R. Norris Wolfenden.

Ritter, P. (Berlin).—*Contribution to the Diseases of the Mouth and Teeth following Influenza.* "Allg. Med. Centralzeitung," 1891, No. 96.

ESPECIALLY in persons with carious teeth, influenza is often combined with swelling of the mucous membrane of the mouth and periosteum of the jaws. The author believes that the pathogenic micro-organism enters by the respiratory and digestive passages. He mentions two cases in his practice. For treatment he recommends the tincture of myrrh and alum.

Michael.

Ziem (Danzig).—*Air-containing Parotid Gland.* "Berliner Klin. Woch.," 1891, No. 38.

SPEAKING of a case published by Deichmüller, the author remembers that a similar case is mentioned by Hyrtl in his "Topographical Anatomy."

Michael.

Chappell.—*An Instrument for the Removal of Hypertrophied Tissue from the Base of the Tongue.* "New York Med. Journ.," Feb. 6, 1892.

THIS is a small guillotine for removing the large grey-coloured masses that we find in these cases, and it is said not to cause hæmorrhage.

B. J. Baron.

Grünwald (München).—*Electrolysis in the Upper Air-Passages.* "Deutsche Med. Woch.," 1892, No. 18.

THE author has applied electrolysis in twenty cases of chronic pharyngitis, in thirty-three cases of obstruction of the nose caused by swelling of the turbinateds, or by spines of the septum, in some cases of laryngeal tuberculosis, and one case of "pachydermia syphilitica" (prominent syphilitic tumours). He is satisfied with the result, and recommends the treatment.

Michael.

Toeplitz, Max (New York).—*Symmetrical Congenital Defects in the Anterior Pillars of the Fauces.* "Arch. of Otol.," Jan., 1892.

TWO symmetrical openings were observed in the palato-glossal folds of a patient, aged twenty-three. He had suffered when five from "pharyngeal croup" for an entire year. Both tonsils were absent. The openings were elliptical, about half an inch long, and three-sixteenths of an inch wide, and gave no idea of having originated in ulceration.

Dundas Grant.

Rosenberg (Berlin).—*The Tumours of the Base of the Tongue.* "Deutsche Med. Woch.," 1892, Nos. 13, 14.

REPORT on the publications on the subject, and some of the author's own experiences.

Michael.

Zeman.—*Foreign Body in the Pharynx.* "Wiener Med. Blätter," 1891, No. 46.

THE author showed a foreign body of a patient who died of hæmorrhage. In the *post-mortem* examination a piece of wood was found impacted in the pharynx, and had produced the lethal bleeding by erosion and perforation of the arteria laryngea superior.

Michael.

Pollard, Bilton (London). — *Retro-Pharyngeal Abscess in Infancy and its Treatment.* "Lancet," Feb. 13, 1892.

MR. POLLARD points out the error of supposing that most of these cases depend on spinal caries. They usually occupy the cellular tissue between the pharynx and the fascia covering the prævertebral muscles, whereas the spondylitic abscess lies beneath the fascia and ligament, in close contact with the vertebræ. Out of two hundred and four cases Bokai found only seven to depend on spinal caries. Four cases of retro-pharyngeal abscess are described, three under Mr. Pollard's own care and one under that of Mr. Dean. In the first case refilling returned twice after incision through the mouth, and Mr. Pollard then opened it externally, by Prof. Chiene's method (behind the upper end of the sterno-mastoid). In the other cases the same method was adopted. In no case was there any evidence of spinal disease; in all the abscess was unilateral. They appear all to have arisen as inflammation of the retro-pharyngeal glands, secondary to neighbouring local disease; in one case, tympanic abscess; in two, nasal catarrh. The internal and external methods of operation are described: the former easy but unsusceptible of antiseptic treatment; the latter eminently advisable in respect of antiseptics, but, although presenting "no difficulty," involving "a cautious dissection with blunt instruments behind the deep vessels and nerves of the neck." [The selection must depend a good deal on surrounding circumstances. Bokai has expressed the opinion that retro-pharyngeal abscess should be opened internally in all cases except those arising from spondylitis or foreign bodies.—ED.]

Dundas Grant.

Gerster.—*A Contribution to the Surgery of the Œsophagus.* "New York Med. Journ.," Feb. 6, 1892.

THE author agrees with Fischer that if a foreign body is lodged in the gullet and cannot be displaced downwards into the stomach, nor extracted without the employment of much force, an external œsophagotomy is imperative. The conditions and rules are those governing strangulated hernia. Cutting rather than tearing is advocated, in order to reach the œsophagus. The details of the operation and cases illustrative are given in the paper.

B. J. Baron.

Kocher (Berne).—*Diverticulum of the Œsophagus and its Treatment.* "Corresp. für Schweizer Aerzte," 1892, No. 8.

THE author has operated upon two cases of this abnormality with good result. In the first case the diverticulum was situated on the right side of the neck, and could be diagnosed with certainty. The symptoms had been very severe, the patient could not swallow without great difficulty, and a great deal of the food regurgitated, especially if he compressed the neck. During the last few years he could only swallow liquid food. The operation consisted of extirpation of the sac and sewing up. During the few weeks following the operation the patient was fed by the œsophagus catheter. In the second case the symptoms were nearly the same. Here the sac was ligated, and then burned with Pacquelin's cautery. The mucous membrane of the œsophagus was sewn around the stump. This case was also perfectly cured.

Michael.