

Abstracts.

PHARYNX.

Blumenfeld, F. (Wiesbaden).—*The Adenoid Ring and Intra-thoracic Glands.* "Zeitschrift für Laryngol.," vol. i, Part IV.

As a result of a number of observations the author has reached the conclusion that the tendency to catarrh of the lower air-passages, which sometimes persists after the removal of adenoid growths, is due to disease of the intra-thoracic lymph-glands. He discusses the relative usefulness of the various methods of detecting disease of these glands, and among others radiography, which he considers of important confirmatory value. The nineteen cases upon which his observations are based presented the combination of hypertrophied pharyngeal tonsil, enlarged cervical glands, and enlarged and presumably tuberculous intra-thoracic glands. He believes that in such cases the path of infection is a downward one *via* the lymphatics, the point of entry being the pharyngeal tonsil. He is further convinced that the deformity of the chest which is associated with adenoid growths is to be attributed less to obstruction of the upper air-passages than to respiratory and trophic disturbances caused by concomitant enlargement of the intra-thoracic glands. *Thomas Guthrie.*

Sack, N. (Moscow).—*Some Remarks on Sir Felix Semon's Article on Pneumococcic Infection of the Throat.*

Ruprecht, M. (Bremen).—*Concerning Pneumococcic Infection of the Throat.* "Monats. für Ohrenheilk.," Jahrg. 42, Heft 10.

These are two critical reviews of the account published last year in the *Monats. für Ohrenheilk.* by Sir Felix Semon respecting a case of a gangrenous affection of the throat. Dr. Sack discusses the conditions which obtained in the case reported by Sir Felix, and refers the reader to an account of what he thinks must have been a similar case which came under his own observation and which he described in the *Monats. für Ohrenheilk.*, Nr. 8, 1904. He considers that these cases belong to a distinct class by themselves which hitherto has not been differentiated from other severe infective lesions of the throat, and regards them as being dependant on some form of mixed infection, one element of which is most probably syphilis and the other the pneumococcus. In conclusion he quotes from his article of four years ago in support of his view, as follows: "We doctors are in the habit of regarding lesions of the throat as the result of only one disease, but we should not forget that two quite distinct pathological processes may affect the mucous membrane simultaneously, as indeed occurs in the case of the skin, and that lesions produced by such a dual infection may render the condition most obscure and the diagnosis most difficult."

Dr. Ruprecht considers that the lesion may have been the result of the pneumococcus taking on a pathogenic phase, though according to him it often is found in the throat as a non-infectious organism and appears frequently in "throat cultures." He urges, however, for this latter reason that this explanation of the case should be accepted with reservation, and hopes that experiments in this direction will be made on animals with the view to the further elucidation of this question.

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