

tonsils were enlarged in a large proportion of cases. In sixteen cases among other symptoms were noticed "nocturnal suffocative attacks," from the tongue dropping back against the palate. Restlessness at night was observed in twenty-five cases. Headache was common, aprosexia not observed. Dr. Ball is not in favour of posterior rhinoscopy as being difficult and, in children, not unfrequently impossible. He relies on palpation, and considers a gag unnecessary, as when "once the finger is back in the pharynx, the child strains and gags and does not bite" [*Credat Judæus Apella non ego*]. He discountenances expectant treatment, and operates under chloroform, with Woakes's forceps, followed by the use of the finger-nail. Nitrous oxide gas allows too short a time. [The abstractor would like to recommend a more trustful use of the posterior rhinoscopic mirror as quite practicable in a large number of cases, and certainly a humane substitute for palpation in diagnosis; also the use of one of the approved forms of finger-guard. He would also press for the use of the finger-nail *previous* to that of the forceps, as the operation conducted in this manner is more rapidly performed and quite practicable during nitrous oxide anæsthesia.]

*Dundas Grant.*

**Marsh** (Birmingham).—*Adenoid Hypertrophy in the Naso-Pharynx.* "Birmingham Med. Rev.," Nov. 1891.

THERE is nothing especially new in this paper; it treats of the symptoms and results of this common disease, and quotes some others who have written on it. The author treats it by finger-nail, Walsham's modification of Loewenberg's forceps, and the curette in children. In adults the galvano-cautery is preferable.

*B. J. Baron.*

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## MOUTH, TONGUE, PHARYNX, &c.

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**Schmolka.**—*Syalolith in the Ductus Whartonianus.* "Prager Med. Woch.," 1891, No. 52.

THE stone removed by incision from a patient fifty years old had an ovoid form, was 32 mm. long, 16 mm. broad, and had a weight of 5½ gramm. Only one case is published of a syaloid stone larger than that of the author. It had a weight of 9·17 gramm.

*Michael.*

**Siegel** (Britz).—*Stomatitis Epidemica in Men, and its Identity with the "Maul und Klauenseuche" of Domestic Animals, and the Microbes of both Diseases.* "Deutsche Med. Woch.," 1891, No. 79.

IN the little city of Britz, near Berlin, where the author had the greatest portion of the practice, he observed, in the year 1888-89, an up to now unknown epidemic disease in man. It must be remarked that in this city were kept many black cattle. The disease had the following symptoms: incubation eight to ten days: after this time began with shivering, universal indisposition, vertigo, epileptic spasms, vomiting, pains in the

stomach, constipation ; fever of 39 degrees, sometimes icterus. Some days later the characteristic inflammation of the mouth sets in ; the tongue is œdematous, covered with dark fur, the gums swollen ; the upper jaws are swollen, also the face. Now arise little vesicles on the tongue and the lips ; strong fetor of the mouth. Sometimes the skin is covered with an exanthem of petechial character, especially on the arms. Some time later convalescence. In severe cases the attacks recur, or large ulcers arise in the mouth often combined with severe hæmorrhages and sanguineous suffusions of the skin. The liver is always swollen. In four fatal cases out of three hundred observed tetanus was noticed. The disease is very contagious. From careful bacteriological researches the author proved that the microbe of the disease is identical with that of the "foot and mouth disease" of animals.

*Michael.*

**Jacob, E. A.** (Leeds)—*Unusual Forms of Œdema.* "Brit. Med. Journ.," Dec. 19, 1891. Leeds, &c., Med. Chir. Soc., Dec. 4, 1891.

AFTER the reading of this paper, Dr. CHURTON mentioned the case of a man who was affected with transient œdema of the lower lip, traceable to the insanitary condition of his office.

Dr. GRIFFITH recorded a case in which the patient had been subject to transient and localized attacks of œdema from infancy, and on three occasions she had had great œdema of the larynx. Her father had died from sudden œdema (rimæ) glottidis.

Mr. JESSOP spoke of a lady who was suddenly seized with swelling of one side of the tongue, which subsided in twenty-four hours. She afterwards had an attack of transient œdema of the lip.

The PRESIDENT (Dr. Rabagliati) referred to the opinion entertained by some that many cases of asthma were due to a transient œdema of the mucous membrane of the bronchial tubes.

*Hunter Mackenzie.*

**Dellevie, Hugo** (Hamburg).—*Ueber die Bedeutung der Antisepsis im Munde* ("On the Value of Antisepsis in the Oral Cavity.") Inaugural Dissertation. Berlin : Schade, 1891. 74 pp.

TO illustrate the value of a careful antisepsis of the oral cavity as well for cleansing as for operations in that region, the author gives a review of the micro-organisms found up to now to exist in the mouth. Their number is already more than a hundred. He then describes a streptococcus not yet known which he had found and carefully examined bacteriologically. By experiments in animals he found that it is virulent and more resistant against most antiseptic medicaments than the other micro-organisms of the mouth.

Pneumonia cocci are often found in the saliva of healthy persons, and regularly in the saliva of pneumonic patients, also during convalescence, and in many cases a long time after the disease is cured. It must be concluded that the existence of these micro-organisms in the mouth is without hurt so long as the tissue of the lungs is at all intact. But if from any cause the resistance of the tissue of the lungs is diminished the cocci there will develop their deleterious functions. But they can spread also by the lymphoid channels, and are often found in abscesses round the circumference of the teeth, of the mouth, and sometimes also of the ear. The

same micro-organisms are found by some authors to exist in cases of meningitis cerebro-spinalis epidemica in the brain, in cases of endocarditis ulcerosa in the heart, and in cases of parotitis in the salivary glands. The streptococcus tetragenus often found in the saliva of healthy persons is also found in phthical cavities and in abscesses of the jaw. The ubiquitous micro-organisms, the staphylococcus pyogenes aureus, and the streptococcus pyogenes also are found in nearly every mouth, and from their presence the saliva derives its pyogenic effects. The author relates here the interesting fact that Caledonic criminals often use teeth detritus, which they insert under the skin to produce abscesses, by which means they escape work for a long time. But without such artificial means these micro-organisms may produce abscesses near the oral cavity. They may also produce universal septicæmia and metastatic pyæmic abscesses. The author then refers to many cases of osteo-myelitis mandibulæ and grave phlegmons of the neck published during the last few years; he also regards the relation of these micro-organisms to infectious phlegmon of the pharynx, the so-called cryptogenetic septicæmia. The saliva of syphilitic persons may spread this disease by kissing, by sucking the wounds of ritual circumcision, by touching the eyes and the wounds of tattooing with saliva. In the same manner tuberculosis may be propagated. He completes the register of the sins of the micro-organisms of the mouth by some remarks on diphtheria, actinomycosis, soor, and influenza. With all these facts before us, a careful cleansing and care of the mouth must be recommended, both prophylactically and therapeutically. The author's experiments prove that the best medicaments for this purpose are: solution of sublimate 1'1500,  $\beta$ . naphthol 1'1000, thymol 1'1000, salicylic acid 1'350, saccharin 1'200, benzoic acid 1'100. Dentists must apply careful disinfection to all their instruments. A review of the literature of the subject, including 180 publications, concludes this instructive treatise.

*Michael.*

**Lloyd, Jordan** (Birmingham).—*Recurrent Papilloma of the Tongue.* "Brit. Med. Journ.," Dec. 26, 1891. Birmingham, &c., Branch Brit. Med. Assoc., Dec. 10, 1891.

EXHIBITION of the anterior two-thirds of the tongue of a man, aged forty-two, which had been removed for this complaint. The patient had had syphilis when young. The papilloma had developed on one of the several patches of thickening on the surface of tongue.

*Hunter Mackenzie.*

**Hutchinson, Jonathan** (London)—*An Address on the Surgery of the Tongue.* "Brit. Med. Journ.," Dec. 12, 1891.

IN this address, which was read before the Liverpool Medical Institution, the author recommends the ordinary screw *écraseur* as the best instrument for this purpose. He gives detailed instruction as to the method of using it.

*Hunter Mackenzie.*

**Steele, Charles** (Clifton).—*Scirrhus of Tonsil.*—"Lancet," Jan. 9, 1892, p. 84. A HEALTHY-LOOKING gentleman, aged fifty-three, complained of fulness and discomfort in the left tonsil. His father had died of cancer. "The

"tonsil was enlarged, having a smooth flat surface as large as a penny curling over its anterior edge, very firm to the touch. There was also a visible fulness under the left ear." The trouble began in January, 1891. A diagnosis of cancer was made. Anti-specific medication had no effect. The swelling under the ear increased, swallowing became more difficult, the tonsil did not enlarge much more, but the curled edge became more prominent. External ulceration took place, and the patient died in nine months from the commencement. Some relief was afforded by tincture of hydrastis in one minim doses three time a day.

*Dundas Grant.*

**Bosworth** (New York).—*Lymphatism*. "Med. News," Oct. 3, 1891.

MANIFESTATIONS of lymphatism are enlarged faucial and lingual tonsils, and adenoid disease in the vault of the pharynx. All such enlargements ought to be looked on as evidence of a constitutional taint. In the earlier years of life they are amenable to internal treatment, especially with iodide of iron. The dose of this drug must be large to do any good; e.g., for a child five years old, two and a half grains three times a day, gradually increased to five grains. Even where in older cases we have to treat the masses surgically, we must still adopt the internal treatment. Dr. Jacobi believes lymphatism to be due to local irritation of the head, ear, or mouth, rather than a disease *per se*. Eczema, common nasal or post-nasal catarrh, if untreated, will give rise to a chronic adenitis, involving the glands of the neck and extending to the mediastinal and axillary glands.

*B. J. Baron.*

**Sokolowski**.—*Contribution to the Pathological Inflammatory Affections of the Tonsils*. "Przeład Lekarski," No. 31, 1891.

IN the above excellent paper, which has been written together with his assistant, Dr. Dmochowski, the author especially occupied himself with the examination of the processes situated in the crypts of the tonsils, and characterized, amongst others, by their increased secretion. We mostly meet in the crypts with plugs composed of compact, horny epithelial cells, with a small addition of lymphoid cells. It is known that, for the most part, they are situated in the crypts of enlarged tonsils. The author, on examining tonsils hardened in alcohol, convinced himself that the walls of the crypts are strewn with small grains, sometimes as if with small papillæ, which under the microscope presented themselves as greatly hypertrophied folliculi, growing into the lumen of the crypts—thence the stenosis of the orifice of the crypts and accumulation of the secretion, which, remaining a longer time as a "corpus alienum," decomposes and irritates the neighbouring tissues, resulting in catarrhs, mostly characterized by proliferation and great desquamation of the epithelium. The clinic, however, teaches that with such desquamative catarrhs we also meet—though rarely in the tonsils—with little or no hypertrophy. Thence the author inclines to giving them a separate place in the classification of diseases of the tonsils, under the name of "tonsillitis lacunaris desquamativa chronica." It is known that this disorder is *par excellence* chronic. There are sometimes exacerbations; then the plugs, which under general conditions are easily removed from the crypts, are embedded solidly. The

microscopic examination of the tonsils, extirpated in this period, convinced the author that, from the anatomical point of view, these two processes do not differ at all. As causes of these exacerbations the author regards either the occlusion of the plugs, on account of increased hypertrophy of the folliculi, or the exacerbation is caused by some other agent, may be of a rheumatic nature, and occlusion of the plugs is only the secondary result, on account of hyperæmia and swelling of the walls of the crypts. Although there is no anatomic difference between the chronic cryptic process and its exacerbation, yet, clinically, this latter presents such various pictures that we must necessarily distinguish it. For this process the author proposes the name of "tonsillitis lacunaris desquamativa exacerbata" (not "acuta," as he did not find desquamation of the whole epithelial layer with the secondary erosions—characteristic of this form). Further, the author occupied himself with the question of the so-called "angina follicularis." As is known B. Fraenkel, in the year 1886, drew attention to the connection existing between the above disease and diphtheria, not identifying, however, both these disorders. The author did not content himself, as Fraenkel did, with the examination of the secretion of the crypts, but extirpated the whole tonsil, and, after having soaked it in paraffin, made careful examinations. There was not the least doubt that in these cases (three) the author had to do with the typical "angina lacunaris." The author supposes that the fear of bleeding after the extirpation of the tonsils by this process is somewhat exaggerated. In the sections coloured by Weigert's method, the author found considerably widened crypts filled with the secretion, distinguished from the masses with which the author met in the "tonsillitis desquamativa." There was, especially, a great number of lymphatic cells, micro-organisms, and the presence of a fibrinous network. As to the bacteria, the author mostly found small diplococci. The relation of the fibrin to tissues differed a little, as in diphtheria, where the fibrinous net deeply pierces into the tissue, which ensues in necrosis. There, however, the process is of a very mild character, so that if necrotic places happen to be present, it is only in superficial layers of the tissue. As regards adenoid tissue and folliculi, with exception of a very considerable infiltration, no other changes could be observed. The author concludes that we have to do here with the so-called "infiltratis pseudo-membranacea." In one word, he identifies "angina lacunaris" with diphtheria, from which it differs only by its milder degree, and proposes for it the name of "tonsillitis lacunaris pseudo-membranacea."

*J. Sedziak.*

**Rozenzweig, R. H.** (Cape of Good Hope).—*False Teeth Swallowed.* "Brit. Med. Journ.," Dec. 5, 1891.

SHORT note of a case in which a plate with teeth had been passed *per anum* seven weeks after having been swallowed. *Hunter Mackenzie.*

**Moritz** (Manchester).—*Thoracic Aneurism rupturing into the Œsophagus.* "Brit. Med. Journ.," Dec. 5, 1891. Manchester Path. Soc., Nov. 11, 1891.

NARRATION of history, and demonstration of preparation.

*Hunter Mackenzie.*