

TONGUE, PHARYNX, &c.

Jackson, Chevalier Q. (Pittsburg).—*A satisfactory Tongue Depressor.* "Med. Rec.," May 7, 1892.

THIS is made of one piece of steel. The tongue-plate is hollow underneath (to hold the moist tongue by atmospheric pressure), and the handle is long and bent so as to be held by the patient without the hand interfering with the view of the throat.

Dundas Grant.

Williams, W. R. (Preston).—*Excision of the Tongue.* "Brit. Med. Journ.," Jan. 2, 1892.

REFERRING to a paper of Mr. Hutchinson's, where this author states: " (1) I have lost only a single patient, so far as memory serves me, in twenty 'years' practice; (2) I have come to regard excision of tongue as a "procedure that does not really involve any risk to life."—Mr. Williams replies by giving statistics of fifty-four cases with nine deaths. Mortality = 16.6 per cent.

William Robertson.

Morton, C. A. (Clifton).—*Tuberculous Ulceration of Tongue.* "Brit. Med. Journ.," Jan. 9, 1892.

TUBERCULOUS ulcer on the tip of the tongue of a man aged fifty-five, also suffering from pulmonary and laryngeal phthisis and tubercle of one epididymis. Tubercular bacilli were found in the lesion, which contained round and giant cells, in the latter of which bacilli were numerous. In the discussion that followed the speaker referred to having met with many cases of tuberculous lingual ulceration, in some of which that affection appeared to be the initial tuberculous lesion. The mode of infection by the tongue, probably effected by bacillary sputum acting on abrasion of the tongue, due to jagged teeth.

William Robertson.

Coolidge.—*Tubercular Ulceration of the Hard Palate and Gum.* "Boston Med. and Surg. Journ.," May 5, 1892.

THIS lesion occurs on the gums around the upper front teeth and on the hard palate just behind them. Its appearance is that of a coarse granular ulceration, deep red and often raspberry like. The edges of the ulcer are not elevated, and the bone is not attacked. The author believes that it may be the bridge by which lupus or other tubercular disease may pass from the throat to the nose or *vice versa*. The ulcer shows no tendency to heal and runs a very chronic course, more like lupus than tuberculosis, as we see it in the pharynx and larynx. Removal of the teeth is an essential beginning to treatment, which consists in curetting and the application of the galvano-cautery.

B. J. Baron.

Morrison, A. (London).—*Improved Tonsil Guillotine.* "Brit. Med. Journ.," Jan. 16, 1892.

THE handle is placed more towards the centre than in Mackenzie's instrument, and, again, the fenestra is oblong instead of round, as is

generally the case. [A good instrument is certainly a desideratum, but it is difficult to see where the advantages of this modification lie. The majority of operators use both hands in working the instrument—the one hand to firmly press the instrument over the tonsil, the other to propel the cutting blade; hence the value of a long, effective reach in the instrument. Besides, the long axis of the fenestra is here at right angles to the long axis of the majority of tonsils met with.—ABSTRACTOR.]

William Robertson.

Norbury.—*Sulphide of Calcium or Calx Sulphurate in Tonsillitis.* "Therap. Gazette," May 16, 1892.

ESPECIALLY useful in acute parenchymatous tonsillitis in strumous subjects. Frequent doses of $\frac{1}{4}$ to $\frac{1}{2}$ grain are best. If the tonsillar abscess has to be opened, peroxide of hydrogen, to which has been added a little oil of cassia, is very useful as an antiseptic wash or spray. *B. J. Baron.*

Wroblewski (Warsaw).—*Contribution to the Pathology and Therapeutics of the Lingual Tonsil.* "Gaz. Lekarska," 1892, Nos. 12, 13, and 14.

THE most frequent disease of the so-called "fourth" or lingual tonsil is hypertrophy, along with which we very often meet with phthisis. It generally gives rise to symptoms of a foreign body in the throat, and to impediments of singing and speaking. The treatment consists of brushing with solutions in slighter cases, and cauterization (chromic acid, galvano-cautery snare) in the severer cases. The author further speaks of acute processes of the lingual tonsil. 1. Tonsillitis lingualis acuta, of which he reports seven cases. 2. Mycosis leptothricia, a comparatively frequent disease, as he has had occasion to observe it in eighteen cases. He advises two remedies—first, successfully applied by himself in this obstinate disorder, namely, brushing with pure cal. iodo.; and secondly, gargling with decoct. of tobacco. Besides tuberculosis, the author has met with syphilis and, in one case, cancer; finally, with foreign growths (papilloma and cysts) of the lingual tonsil.

John Sedziak.

McGuire, C. M.—*A Case of Tonsillitis.—Tracheotomy.—Death.* "Medical News," May 14, 1892.

THE patient, a poorly nourished female child, eight months old. Temperature 100° Fahr., pulse 120, respiration 30; no abnormality in lungs or fauces. The right parotid gland was somewhat swollen and tender. Two days later the gland was found much more swollen, and the left gland was also somewhat enlarged; the right tonsil was swollen and congested; no white patches, no membranous exudation, and no hoarseness were observed. Four days after the commencement of the illness the right parotid gland was so swollen and indurated as hardly to allow opening of the mouth. At this time both tonsils were seen to be much enlarged. The condition of the patient became so serious that during the night tracheotomy had to be performed. At first the child breathed easily, but in the course of a few hours artificial respiration had to be resorted to. Twelve hours after the performance of the operation the heart's action suddenly ceased. No fluctuation could be discovered

in either the parotid gland or tonsil. The author draws attention to the rarity of inflammation of the tonsils appearing secondarily to inflammation of the parotid gland.

W. Milligan.

Baber, C.—*Lymphoma of the Tonsils.* "Archiv. of Otol.," Vol. XXI., No. 2.

THE patient, a girl aged fourteen, was admitted into hospital suffering from what appeared to be enlarged tonsils of two years' duration. They were removed by means of the guillotine. Shortly afterwards, however, several new hypertrophied portions had to be removed from the right tonsil. Before admission she had suffered from swellings in the groin. Shortly after this she again returned to the hospital with the tonsils greatly enlarged, the right tonsil presenting an irregular surface, with ulceration upon the right anterior pillar and adjacent parts of the palate. Portions of the growth were again removed. The cervical, axillary and inguinal glands were enlarged. The patient shortly after this became very emaciated, and masses of enlarged tonsillar tissue had again to be removed. The patient subsequently died of pneumonia. The day before her death all the enlarged glands disappeared. Microscopic examination of the portions removed during life showed a well-developed reticulum, with large numbers of endothelial plates, and with numerous lymphoid cells in the meshes. The appearances presented were those of lymphadenoma.

W. Milligan.

Grönbech, A. C. (Copenhagen).—*Treatment of Chronic Pharyngeal Catarrh.* "Ugeskrift for Læger," 1891, No. 331.

THIS article deals principally with the etiology and treatment of pharyngitis chronica. Amongst the etiological circumstances the author mentions that he has seen the disease frequently amongst typographers, even in cases where there were no signs of lead-poisoning—(which might be easily explained by the fact that the working rooms of printing offices, as a rule, are dusty and overheated.—H.M.) As far as the treatment is concerned he lays great stress upon the treatment of eventual diseases of the naso-pharynx.

Holger Mygind.

Heryng.—*Pemphigus of the Mucous Membrane of the Pharynx and Larynx.* "Nowiny Lekarskie," 1892, No. 5.

MANDELSTAMM reports the following characteristic features of this disorder:—(1) On the mucous membrane of the oral and pharyngeal cavity, as on the epiglottis, appear greyish or white strongly marked spots, of the size of a hemp seed, or of a pfennig. These spots may disappear in one place and appear in another. (2) There is no fever. (3) The disease is very obstinate; treatment is without effect. Heryng reports six cases (three of his own, and three of Elsenberg's), of which two occurred in females between forty and sixty years of age. The last four cases were in males, from fourteen to forty. Two cases were lost to sight after a short time. The remainder died from general exhaustion or disease of the lungs. All cases terminated in death, and general pemphigus appeared in four to six months after appearance of the process in the pharynx.

John Sedziak.

Rice.—*The Troublesome Symptoms caused by Enlargement of the Epiglottis, and the advisability of reducing the size of this Cartilage by Operative Measures.*
 "New York Med. Journ.," April 9, 1892.

CERTAIN troublesome symptoms—fulness in the throat, voice fatigue, violent paroxysms of coughing, tickling, vomiting, and glottic spasm—are at times caused by an enlarged, congested, irritable epiglottis. In most of these cases the enlargement of the epiglottis has been caused by an hypertrophied lingual tonsil, removal of which will afford relief. In other cases, however, the epiglottis has become so enlarged as to rub against the lateral and posterior walls of the pharynx. The author has found that astringent applications have no effect in causing reduction in its size. He advises removal of the hypertrophied portions with suitable instruments.

W. Milligan.

Witthauer.—*Case of Retro-pharyngeal Abscess.* Verein der Aerzte in Halle-a-S., Meeting, Mar. 1, 1892.

A PATIENT, thirty-two years old, had a large swelling in the pharynx, and especially of the posterior pharyngeal wall. Pressure on the left side of the neck was painful. In the evening dyspnoea began, and the laryngoscope showed œdema of the glottis. Treatment with ice. Some hours later sudden extreme cyanosis and dyspnoea; tracheotomy; death. The *post-mortem* examination showed an abscess on the vertebral column, beginning in the retro-pharyngeal space, and pointing in the region of the sixth tracheal cartilage. The cause of the abscess was not discovered. Death seems to have been caused by debility of the heart. The case must be looked upon as one of cryptogenetic septicæmia.

Michael.

Campbell, D. S. (Detroit). *Eight Cases of Œsophageal Stricture.* "Med. Rec.," June 11, 1892.

THESE cases—seven recent and one old—made good recoveries after electrolytic treatment. He reported them before the surgical section of the American Medical Association. No particulars appear in the "Record's" report.

Dundas Grant.

NOSE, NASO-PHARYNX, &c.

Dessar, Leonard A. (New York).—*A New Nasal Electrode.* "Med. Rec.," May 28, 1892.

THE leads are fastened together by metal bands insulated by means of ether (*sic*) fibre, asbestos or ivory, instead of binding threads. They can thus be soaked in antiseptic solutions without damage.

Dundas Grant.

Heryng (Warsaw).—*Electrolysis, and its Application in Diseases of the Nose, Throat, and Larynx.* "Przeglad Lekarski," 1892, Nos. 1, 2, 7, 8, 11, 12, and 13.

AFTER a few preliminary remarks as to the subject and action of electrolysis, and to historical facts in regard to the application of this method in