side, and be replaced by tubercular growths which in turn ulcerate and soften. The tubercle forms either at its extremity or junction with the velum. Here infiltration takes place, causing the uvula to be drawn up, as it were, or curled up on itself. Finally, the uvula disappears altogether and is replaced by a mere stump.

The pallid condition of the throat is the next in the order of events that most strikes the observer. It was found in every case of tuberculated leprosy, and from a very early stage, the throat was like that of a person suffering from pernicious anæmia, although the patient may not suffer from this disease or be otherwise bloodless.

This pale, pallid, bloodless look is consecutive to the earlier stage of congestion of the throat, which, however, does not differ from ordinary sore throat, and lepers will tell you that it is not connected with their disease, and is due to change in the weather or the rainy season coming on. It is undoubtedly the first stage in throat leprosy, albeit a very transitory one. I have only been able to observe it in a few of the cases I have examined.

The epiglottis is always affected in this form of leprosy, but at a later stage. In many the enlargement was due to tubercular infiltration, but it was also not unfrequently the seat of separate tubercular growths.

With regard to the diagnosis of throat leprosy, there are always present, long before the advent of the latter, external manifestations of the disease not likely to be mistaken for anything else ; much error in diagnosis is therefore not likely to arise. Of course the disease is necessarily a fatal one, and runs its course, no matter what may be attempted for the relief of the unhappy sufferer.

In this paper no mention has been made of the morbid anatomy of throat leprosy, this subject having been ably treated by Dr. Thin, whose paper in the *British Medical Journal* of July 19, 1884, should be consulted by all interested in this subject, and to which I have nothing new to add.

If the cases given in my table are compared with Sir Morell Mackenzie's elaborate report, it will be seen how similarly the throat is affected with leprosy in countries so different in every particular, as, for instance, Norway and South America ; and some good will have been done in having the descriptions of the latter confirmed by observations made on the spot where leprosy prevails endemically, and where unusual facilities exist for the study of the disease.

MOUTH, TONGUE, PHARYNX, &c.

Thirty, E.—*On Infectious Aphthous Stomatitis.* Journ. de Méd. et Chir. Pratique, November, 1889.

In a previous work the author has concluded as to the benign nature of aphthous stomatitis, even confluent. He now admits a grave variety, and

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relates three cases of the affection, with infectious phenomena, rigors at the commencement, high fever, and albuminuria, etc. *Joal.*

Fidalgo.—*Contagious Stomatitis.* "Revisita de Médicina y Cirugia Prácticas," September 22, 1889.

SOME cavalry soldiers having recently arrived at the town of Sovia, complained of soreness of the mouth, and upon examination it was found that they had ulcerative stomatitis, from which also the garrison they had just left had suffered. Neither amongst the civil population nor in the other battalion which they had just joined in Sovia did there exist any similar affection. Microscopical examination revealed the presence of leptothrix bacilli in the secretion from the ulcers. Treatment was limited to scrupulous hygiene, and the use of boric acid in solution, and applications of hydrochloric acid. Fidalgo further remarks that in the year 1875 he observed among many soldiers of the garrison of Madrid an affection of ulcerative stomatitis. On the cause being traced, it was found to be due to the lime contained in the bread.

Ramon de la Sota.

Pope, F. M.—*Thrombosis of Vertebral Artery Pressing on Glosso-Pharyngeal Nerve; Unilateral Loss of Taste at the Back of the Tongue.* "Brit. Med. Journal," November 23, 1889.

THE dilated artery pressed directly upon the nerve roots; paralysis of which was shown by loss of power of swallowing, and the raising of the palate on the left side due to the unopposed action of the levator palati. The author concludes as follows: "Loss of taste limited to the region of "the tongue, known to be the only part supplied by the glosso-pharyngeal "nerve, with unmistakable post-mortem evidence of pressure on that "nerve, leaves no room for doubt, that, as has been usually held, the "glosso-pharyngeal nerve takes part with the fifth in the taste function, "and I would suggest that the former is more directly concerned with the "appreciation of sweetness, as even in the part supplied by the fifth as "the damaged side, syrup could not be tasted." *R. Norris Wolfenden.*

Maydl (Vienna).—*Actinomycosis of the Tongue.* Internat. Klin. Rundschau, 1889, No. 42.

A PHYSICIAN, forty-eight years old, who was also a supervisor of imported cattle, was accustomed, while reading, to moisten the pages from his tongue. On one occasion he observed that he had painful rhagades on the tongue, and the next day a small tumour the size of a pea. After unsuccessful anti-specific treatment, the author finally diagnosed actinomycotic infection, and excised the tumour. The patient was shortly after cured. Examination confirmed the diagnosis. *Michael.*

Turner.—*Atrophy of the Right Side of the Tongue; Paralysis of the Soft Palate and Larynx; Atrophy of both Optic Discs.* Hunterian Society, "Lancet," December 14, 1889.

A CASE occurring in a little girl aged five. There was difficulty in swallowing fluids, and feebleness of cough, loss of power and diminution in girth of the right arm, and the knee jerks were absent. The symptoms

dated from a series of right sided epileptiform seizures, commencing six weeks after an attack of scarlatina. At first there was paralysis of all limbs, but the legs and left arm had greatly improved. There was no evidence of syphilitic inheritance, and it was thought that the symptoms were due to some specific meningeal lesion at the base of the brain, involving the ninth and portion of the eighth cranial nerve on the right side. *R. Norris Wolfenden.*

Mariani.—*Tubercular Ulcer of the Tongue.* "Revista de Medicina y Cirugia Prácticas," July 7, 1889.

THE author refers to the case of a patient with symptoms of pneumonia, but without bacilli, which symptoms were observed a month after the onset of hoarseness. Intense and frequent coughing, nummular expectoration, symptoms of tubercular infiltration upon auscultation and percussion, evening fever, slight hæmoptysis and gastro-intestinal phenomena. Upon the tongue there appeared a small shallow and whitish ulcer which enlarged in size and depth until it reached the size of a shilling and extended 4 or 5 millimètres deep. Its edges were irregular and cut perpendicularly, and its surface was grey. The secretions of this contained numerous bacilli, and it was painful upon mastication and swallowing. Application of lactic acid somewhat modified this ulcer. The patient died. This case, according to Mariani, proves that the tubercle bacillus develops upon ground already altered from the normal. In other words, that the organism is already diseased when the bacillus can flourish in it. *Ramon de la Sota.*

Gallardo.—*Cyst of the Tongue spontaneously opened.* "El Bisturi," June, 1888.

IN the case of a lady, a hard and circumscribed tumour on the side of the tongue rendered the movements of the latter almost impossible and produced pain. On the supposition that it was a solid tumour extirpation was proposed, but not accepted. A short time afterwards the tumour burst, giving exit to some serous fluid, after which the patient was completely cured. *Ramon de la Sota.*

Shepherd, F. J.—*Sublingual Sebaceous Cyst.* Transactions of the Montreal Medico-Chirurgical Society, May 17, 1889.

THE patient, a female aged nineteen years, first noticed a swelling beneath the tongue three years ago—a year ago the swelling projected into the submaxillary region, and when seen was about the size of an orange. An incision was first made into the cyst beneath the tongue, and some fluid evacuated. An opening was made beneath the chin and the cyst drawn out entire. These cysts are congenital, grow slowly, and are somewhat rare. *George W. Major.*

Lucas, Clement.—*Two Cases of Necrosis of the Alveolar Processes following Measles.* "Lancet," October 5, 1889.

ONE case occurred in a boy aged three years. Necrosis occurred on the front of both upper and lower maxillæ. Four incisors had dropped out

of the upper jaw: and in the lower it involved all the incisor sockets and two canines. The necrosed bone was removed from both jaws, and the patient cured. The second case occurred in a female child, aged three. The alveolar process of the upper jaw corresponding to the four incisor teeth dropped out, the alveolar process of the lower jaw corresponding to the four incisors and right canine, and the alveolar process of the upper jaw bearing the sockets of the molar teeth of the left side were removed by forceps. The patient rapidly recovered. *F. Norris Wolfenden.*

Nichols. Gleitsmann. Curtis.—*New York Academy of Medicine. Section of Laryngology and Rhinology, Meeting of April* 23, 1889. "New York Medical Journal," August 24, 1889.

1. A case of syphilitic adhesion of the tongue and soft palate to the posterior wall of the pharynx was presented by the author. The treatment adopted was dilatation of the contracted œsophagus, etc., by bougies, but without much result.

Dr. ROBINSON referred to the value of monochloracetic acid in preventing adhesion of cut surfaces, and he prefers steel dilating sounds frequently used.

Dr. GOODWILLIE does not use caustics or galvano-cautery in such cases, but *gradually* frees the adherent parts by cutting, and he has separated them in one case by a plate of gold gradually interposed between them.

Other members spoke and suggested dilatation.

2. A naso-pharyngeal polypus.

Dr. GLEITSMANN showed this patient, on whom, being unable to cut the growth with a snare he had performed several galvano-cautery operations, but it had grown all the faster.

The snare was considered by those who discussed the case as the best instrument to employ.

3. A painful fungous growth, of unknown character, at the base of the tongue.

Dr. CURTIS showed this patient, who had noticed a growth behind the circumvallate papillæ, which in eight days filled the patient's mouth to the roof with its long tendrils, so that it looked like sea-weed. Its growth was attended with great pain in the tongue and throat It was amputated, and its site of origin scraped with a sharp spoon.

4. A new cautery loop for lateral pharyngitis.

Dr. GLEITSMANN showed this instrument, which consists of an electrode armed with a loop of composite metal (iridium and platinum) in order to get great elasticity.

A new nasal electrode for faradizing the nose, naso-pharynx and larynx, and *a new nasal* forceps were also shown by the same member.

B. J. Baron.

Chervin.—*On Affections of Speech in Congenital Clefts of the Palatine Vault.* Congrès de Chirurgie, Paris, October, 1889.

THE degree of affection of the speech in these cases does not always bear any proportion to the congenital lesion. The size of the pharyngo-nasal passages appears to play the most important rôle. From the

point of view of vocal education, surgical intervention is preferable to prothesis. Lessons performed by the patient without guidance are generally insufficient. Methodic and graduated exercises of pronunciation may in one or two months procure sufficient articulation.

Joal.

Cary.—*Epithelioma of Soft Palate.* "New York Medical Journal," April 20, 1889.

A DESCRIPTION of a squamous, epitheliomatous growth the size of a split bean, and white in colour, which formed on the uvula, at the edge of the palatine arch, removed by galvano-cautery, with extensive recurrence following removal. *B. J. Baron.*

Battle.—*Case of Tuberculosis of the Palate.* Medical Society, November 25, 1889.

THE history of the case of a married woman shown at the last meeting. There was a patch on the hard palate, extending backwards two inches, the ulceration being raised above the surrounding surface. He had treated it by scraping, and the application of lactic acid.

Dr. C. T. WILLIAMS observed that, while the soft palate was often affected, the disease was rarer on the hard palate. He said that if they were unable to get the better of the bacillus in such an exposed position, it augured badly for their success when it had to be dealt with in less accessible situations.

Dr. SEMON pointed out that, though they might destroy the local manifestations of tuberculosis, they could not hope to eradicate the disease by local treatment. He observed that the florid coloration of the patches was not in accord with his own experience, the colour usually being markedly pale.

Mr. CLUTTON narrated two cases of his own, and remarked that the colour of the patches varied, according to the period of the disease, from red to pale.

Mr. HARRINGTON SAINSBURY mentioned a case associated with disease of the apices of the lungs which had done well under local treatment.

Mr. BATTLE, in reply, said that there was no specific history, and anti-syphilitic treatment had not brought about any improvement.

R. Norris Wolfenden.

Fowler.—*The Significance of Perforations through the Anterior Pillars of the Fauces.* "Lancet," November 30, 1889.

THESE perforations are often seen, the majority being bilateral and symmetrical. Sometimes asymmetrical, occasionally unilateral, and always free from adhesions or contractions, they afford no evidence of syphilis, and are generally considered to be congenital deformities. The author considers that this is erroneous, as the presence of cicatricial tissue at the margins of the perforations shows them to be due to ulceration. Corresponding to the perforation there is always more or less loss of tonsil. Since paying attention to the subject the author has always obtained a history of scarlet fever or recurrent attacks of quinsy, and thinks that the lesion is most probably a sign of antecedent scarlet fever.

R. Norris Wolfenden.

Gallardo.—*Cancer of the Tonsil.* "El Bisturi," June, 1888.

THE author extirpated a cancerous tumour of the size of a hen's egg which included the whole tonsil and a portion of the soft palate, from a man aged forty. The patient was quickly cured, but a month afterwards a voluminous tumour appeared in the mastoid region with numerous infiltrated cervical glands and signs of cancerous cachexia. Death followed. *Ramon de la Sota.*

Lediard.—*Lympho-sarcoma of Tonsil; Laryngotomy and Enucleation; Recurrence in Cervical Glands; Excision; Recovery.* "Lancet," November 23, 1889.

PATIENT had been under observation for two years, and was aged sixty-two. He had a soft, painless enlargement of the right tonsil. On October 27, 1887, a vulcanite tracheotomy tube was introduced, the pharynx stuffed with a couple of sponges, chloroform being administered through the tube. The tumour was snipped round the edge with scissors, and removed with the finger, easily shelling out. There was very little hæmorrhage. On November 7, 1887, the patient left the hospital. A gland near the angle of the jaw was left, which increased to a large size, so that on June 20, 1888, patient was re-admitted, and all the glandular enlargements removed, including some under the trapezius muscle, and behind the collar bone, and also between the cords of the brachial plexus. The sterno-mastoid, which had been cut transversely, was then stitched together. There was very little bleeding, and recovery was rapid. Microscopic examination showed the glandular disease to be the same as the tonsillar. In August, 1889, the patient was in good health.
R. Norris Wolfenden.

Cameron, J. C.—*Drain Sore Throat.* Transactions of the Montreal Medico-Chirurgical Society, April 5, 1889.

THE author endeavoured to show that when a number of cases of sore throat break out in a household, and when of an adynamic character, and accompanied by a rash resembling scarlet fever, there was usually good grounds for suspecting drainage as the cause. He detailed ten cases which occurred in one family. On examination a defect in the ventilation of the soil pipe was discovered. In six of the reported cases both severe tonsillitis and a condition resembling the ulceration of diphtheria were present.

In the discussion which followed, it was in evidence that an epidemic of tonsillitis had existed at the time when Dr. Cameron met with his cases. The possibility of a scarlatinal origin was also insisted upon. The reviewer is of opinion that defective drainage is frequently the cause of affections of the throat, not only of an acute, but also of a chronic, character. In one instance, coming under his observation, a family of five persons was attacked with painful symptoms referred to the throat. The appearance of the throat did not indicate any acute inflammatory character, but the pharyngeal region was covered with a very thin, milky-looking film, which was easily detached. All the cases presented a similar character. The illness was ushered in with vomiting, there was very

slight elevation of temperature, and the duration of the indisposition was only forty-eight hours. On examination of the drainage system, the iron soil pipe was found to have recently been broken at its outlet in the wall of the house. The sewage matter thus escaped under the flooring of the basement. Painful throats that defy all therapeutic measures are occasionally relieved by a correction of some sanitary fault in the system of house drains, and the possibility of such a cause should not be overlooked. *George W. Major.*

Chiari.—*On the Localisation of Phlegmonous Angina.* "Wiener Klin. Woch.," 1889, No. 43.

THE condition rarely originates in the tonsils, and if in this situation produces only small abscesses. Its origin is usually external to the tonsils and above them in the palatine arches. Incisions give relief and should be performed. In rare cases the abscess opens into other regions of the mouth. *Michael.*

Brevion (Lyons).—*Paræsthesia of the Pharynx.* Congrès Inter. de Laryngol. Paris, September, 1889.

UNDER this name the author describes a painful affection of the pharynx localized by the patient at the upper region of the tonsils and presenting no apparent lesion of the pharynx or retro-pharynx. This condition is met with in subjects who have swelling of the middle and inferior turbinateds, when the middle turbinated is in contact with the septum. The galvano-cautery, electrolysis, and especially chromic acid cure this condition very quickly without there being any necessity to touch the pharynx. *Joal.*

Ruault.—*On a Method of Treatment of Granular Angina by "Grattage" and Iodised Applications after Local Anæsthesia.* "Archives de Laryngologie," August, 1889.

THE author protests against the abuse of the galvano-cautery in the treatment of granular pharyngitis. One burns too much; ignipuncture gives good results in voluminous granulations, but is powerless against the catarrhal pharyngitis which accompanies and causes the granulations. Ruault's method is as follows: By means of two paint brushes, No. 12 (one cut near the handle to make it hard), he makes energetic frictions upon the pharyngeal mucosa with a 10 per cent. solution of iodine and iodide of potash in distilled water, the patient having been previously cocainised. With the hard brush the pharyngeal membrane is rubbed vigorously, especially on spots where the granules are numerous. A certain amount of bleeding results. Allowing the patient to expectorate, further frictions are made with the uncut brush. Drinking and gargling ought to be prohibited for some time after. At the end of four or six days, when the inflammatory reaction has ceased, this proceeding ought to be repeated. Two sittings are generally sufficient to effect a cure.
Joal.

Compaired. — *Pharyngo-laryngeal Neuralgia.* "La Medicina Práctica," January 16, 1889.

WHILE applying a small cotton wad moistened in creosote to the throat of a boy, it accidentally fell upon the uvula, producing slight congestion with intense pain, which latter lasted three and a half days notwithstanding the use of cocaine, bromide of potassium, ice and submucous injections of chloroform and morphine. *Ramon de la Sota.*

Morejon.—*Two Cases of Stricture of the Œsophagus.* "Revista de Medicina Cirugia Practicas," October 7, 1889.

ONE patient, aged twenty-three, had a stricture of the œsophagus at the level of the diaphragmatic ring, with a second at the level of the first dorsal vetebræ, both resulting from lacerations produced by efforts to draw out a large needle, which the patient had swallowed when he was eight years old. The strictures was cured in 42 days by gradual dilatation.

The second case was that of a man with a stricture in a great extent of the œsophagus. The diameter of the œsophagus was restored in 45 days by catheterism performed every day with the ivory olivary catheter. In both patients, with the restoration of the food passage, nutrition was improved, and the symptoms of pulmonary tuberculosis, which had been present, disappeared completely. *Ramon de la Sota.*

Haberkorn.—*The Treatment of Acute Tonsillitis, Pharyngitis, and Diphtheria.* "Deutsch. Medicinal Zeitung," 1889, No. 96.—(Salicylic acid, internally, and brushing with a solution of pepsine are recommended).

Kühn.—*Operations on the Hypertrophied Pharyngeal Tonsil.* "Deutsch. Med Woch.," 1889, No. 45.—(See report of 62 Naturforscherversammlung).

Kümmel.—*Carcinoma of the Œsophagus.* Aerztlicher Verein in Hamburg, Meeting October 8, 1889.—(Good result was obtained by the use of Leyden's permanent cannulas). *Michael.*

NOSE, NASO-PHARYNX, &c.

Gleitsmann, J. W. (New York).—*Nasal Instruments.* "New York Medical Journal," November 9, 1889.

1. *A Nasal Bone Forceps.*—The forceps has the usual angle of nasal instruments. The branches, which are slender, but very strong, cross each other when the instrument is closed, thereby occupying very little space. They can be introduced through the narrowest nasal speculum to any desirable depth, and, on account of their smallness, do not obscure the field of vision. The chief point distinguishing it from other devices is the location of the joint near the distal end, by which arrangement great power can be exerted when the blades seize the part to be removed.

The design had its origin in the desire to extract pieces of septal cartilage, or, still oftener, bones which had been operated upon either with the nasal trephine or the saw. Especially in using the saw, the