to the posterior wall of the pharynx. The case was shown on account of the rarity of the condition as a sequela of scarlet fever. No operative interference appeared to be called for as the scars and adhesions were fairly soft and there had been no contraction during the four months the case had been under observation.

THE meeting of the British Medical Association will take place this year at Sheffield on July 28, 29, 30, and 31. The Section of Laryngology, Otology, and Rhinology will be held under the Presidency of Mr. George Wilkinson, of Sheffield, the Vice-Presidents being Dr. Walter Jobson Horne, M.D., London, Mr. Harry Lockwood, M.R.C.S., Sheffield, and Dr. Duncan Gray Newton, M.B., Sheffield.

Foreign and Colonial visitors will be cordially welcomed in the Section, and those who may desire to attend are requested to send in their names as soon as possible to the Honorary Secretaries, together with the titles of any papers they may wish to read.

The Section will meet on Wednesday, Thursday, and Friday, July 29, 30, and 31, at 10 a.m., adjourning at 1 p.m. each day.

The following subjects have been selected for special discussion:

(1) Wednesday, July 29.—"Chronic Inflammation of the Pharynx." To be opened by Dr. James Barry Ball and Dr. Peter McBride.

(2) Thursday, July 30.—"The Diagnosis of the Intra-cranial Complications of Middle-Ear Suppuration." To be opened by Mr. Charles A. Ballance, M.V.O., and Mr. Arthur L. Whitehead.

(3) Friday, July 31.—"The Methods of Dealing with Suppuration in the Maxillary Antrum." To be opened by Dr. StClair Thomson and Dr. Arthur Logan Turner.

In order to save time and correspondence all communications relating to the exhibition of preparations, instruments, etc., may be addressed to Dr. W. S. Kerr, 281, Glossop Road, Sheffield; and all others relating to papers and discussions to Mr. Hunter F. Tod, 111, Harley Street, London, and marked "Section of Laryngology, Otology, and Rhinology." The two gentlemen have been appointed Secretaries to the Section.

Abstracts.

MOUTH AND PHARYNX.

Von Eberts, E. M.—*Tuberculoma of the Tongue.* "Montreal Medical Journal," March, 1908.

The patient was first seen in October, 1907, complaining of sore tongue and swelling of the glands of the neck. Examination revealed a small

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indurated mass immediately to the right of the median line of the tongue, one inch from the tip. The epithelium was not involved. There were numerous enlarged nodules in both submaxillary spaces, those on the right being tender. The left lung was involved, and the sputum contained tubercle bacilli. Early in November the nodule was excised by longitudinal incision. Three days later the stitches were removed, the surface being healed. The deep induration, however, still remained, and was quickly followed by crater-like ulceration, accompanied by pain. Toward the end of November a more extensive operation was decided upon, and the whole of the anterior third of the right half of the tongue was removed. Healing was complete, and up to the present, after an interval of several months, there has been no return. *Price-Brown.*

D. A. Heffernan.—*Removal of the Tonsil in Capsule.* "Boston Med. and Surg. Journ.," April 16, 1908.

The author asks why, if it is the general rule in surgery to remove as much diseased tissue as possible, there should be any hesitation in the case of the tonsil. Complete removal of the tonsil is the only way by which immunity from infection through the sinus tonsillaris can be obtained. The author's method of removal is described.

Macleod Yearsley.

Sicre, A., and **Vaquier, L.** (Tunis).—*Naso-pharyngo-laryngeal Syndrome, with Paralysis of the Soft Palate and Vocal Cords, Typhoid in origin.* "Annales des Maladies, de l'Oreille, du Larynx, du Nez, et du Pharynx," March, 1908.

A child, aged four, was seized with what appeared to be follicular tonsillitis. The mucosa of the oro-pharynx was reddened, and the posterior wall and tonsils were studded with patches of exudate. Temperature 39·5° C., pulse 120. By the fifth day the exudate had increased. Antiseptic treatment did not improve the condition, and five days later the inflammatory process had invaded the nasal fossæ. On the twelfth day the case had all the aspect of a naso-pharyngeal diphtheria; the false membranes when detached left bleeding ulcerated surfaces. The velum was immobile, lax and anæsthetic. The pharyngeal reflex was diminished. Deglutition was accompanied by regurgitation through the nose. The sub-mandibular glands were swollen and tender. Rhinoscopy showed the mucosa to be reddened and covered with muco-purulent material, but there were no false membranes. Laryngoscopy revealed diffuse redness of the vestibule with muco-purulent discharge covering the epiglottic region. The cords were stationary in the cadaveric position. There were some râles about the pulmonary bases but breathing was easy. The abdomen was somewhat distended, and there were tenderness over the right iliac fossa and diarrhœa. Stools resembled in colour yellow ochre. Liver and spleen normal. Fever continued with slight matutinal remissions. Pulse 140, heart sounds regular, but muffled. Thirty c.c. of anti-diphtheritic serum were injected and tepid bathing was ordered. The child's condition rapidly grew worse and death occurred on the seventeenth day of the disease. No autopsy was made. Bacteriological examination conducted during life yielded the following results: "Pharyngeal exudate": Films revealed saprophytes, staphylococci, spirilla and leptothrix, also a bacillus 2 to 3 μ in length, which decolorised by Gram's method. On agar cultures of Eberth's bacillus were obtained. "Nasal exudate": Cultures gave *Staphylococcus albus.* "False membranes": Examination

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by Deguy's method gave Loeffler's bacillus absent; cultures yielded staphylococci. "Patient's serum" possessed no agglutinating property, either on Eberth's or the para-typhoid bacilli. "Blood": Broth inseminated with blood from bend of elbow and incubated twenty-four hours gave a cocco-bacillus which complied with the tests for Eberth's bacillus.

The author remarks that the isolation of Eberth's bacillus from the pharynx in angina associated with typhoid fever, as in this case, is interesting. Most workers have failed in this direction, and attribute such throat manifestations to some secondary infection. Mention is made of the protean character of enteric fever in children. There were several unusual features met with here: (1) Onset resembling follicular tonsillitis; (2) absence of "rose spot" eruption; (3) absence of the serum reaction during greater part of the illness.

Typhoid fever setting in with a pharyngo-naso-laryngeal syndrome, as in the present case, is rare. The affection, which at first had simulated a grave attack of diphtheria, was really due to a virulent primary infection of the throat by a large dose of the *Bacillus typhosus*.

H. Clayton Fox.

Hellat, P. (St. Petersburg).—*Loss of the Oxydase of the Saliva as a Cause of Disease.* "Arch. für Laryngol.," vol. xx, Part II.

The author has met with a considerable number of cases in which the habit of frequent spitting has been associated with, and apparently the cause of, a variety of troubles. Of these the following are the most frequent: Disagreeable or painful sensations in the throat, feeling of dryness, cough, sensation of weight on the chest, dyspepsia and headaches. Many patients complain that there is something lodged in the pharynx or naso-pharynx, which they try in vain to get rid of by hawking and spitting. They are generally convinced that what they expectorate is purulent material which must not be swallowed. In some cases intermittent rises of temperature preceded by shivering attacks have been noticed. There may be considerable loss of weight and marked neurasthenia.

During a period of five years the author observed some 200 cases of this nature in which no cause could be found to account for their troubles except the habit of frequent spitting. Moreover, in the vast majority of these, when the patients had been persuaded to swallow instead of expectorating the saliva, the symptoms of which they complained gradually, but completely, disappeared. The author discusses at some length the possible explanations of this phenomenon. He comes to the conclusion that the saliva must contain in addition to ptyalin and its other well-known constituents some other substance, the loss of which is injurious to the body as a whole. In this connection reference is made to certain experiments which showed that loss by a normal person of a large amount of saliva daily is accompanied by a rapid fall in the body weight. Now there is reason to believe that the processes of oxidation and reduction within the body can only be properly carried out in the presence of a ferment. Such a ferment is known as an oxydase, and it has been found that the parotid gland is an important source of this substance. It is concluded that loss of the parotid saliva by spitting involves loss of much of the oxydase, which is essential to the well-being of the body.

Thomas Guthrie.

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