

PHARYNX, &C.

Kutner, R. (Berlin).—*Hydrogen Peroxide as a Disinfectant for the Mucous Membranes.* "Deutsche Aerzte Zeitung," 1895, No. 5.

RECOMMENDATION of this medicament for inhalation and gargling. *Michael.*

Lagoutte.—*Atrophic Scirrhus Carcinoma of the Tongue.* "Gaz. des Hôp.," May 29, 1894.

A MAN, aged sixty-one years. No syphilitic history. Seven years ago he developed white patches on the tongue and leukoplasmia, probably from smoking, and during the last eight months ulceration of the mucous membrane, the tongue becoming, little by little, contracted, atrophied and deeply fixed in the floor of the mouth. Now the tongue is unmovable, hard, atrophied—not very painful; swallowing and speech are very difficult owing to the immobility of the tongue. Submaxillary glands hypertrophied and hard. Emaciation. The author believes it is a rare specimen of scirrhus carcinoma of the tongue. *A. Cartaz.*

Heller (Kiel).—*Contribution to the Knowledge of Soor.* "Deutsche Archiv für Klin. Med.," Band 55, p. 122.

REPORTS on twenty-five carefully examined cases of soor of the larynx, trachea, and œsophagus, found in *post-mortem* examinations. In a large number of the cases the soor has penetrated the epithelium. Experiments made with soor implanted on trachea and œsophagus showed that the micro-organism does not perforate the epithelium in cadavers, and it therefore is proved that it can enter the blood-vessels and deeper parts *intra vitam*. These results also prove that the micro-organism is not so harmless as at present is believed. *Michael.*

Sheild (London).—*Notes of a Case of Salivary Calculus presenting Unusual Symptoms.* "Brit. Med. Journ.," March 2, 1895.

THE case was that of a man, aged thirty-five years, who complained of a hard lump in the floor of the mouth, and a small tumour in the neck, painful after eating. Over the tumour in the mouth there was an excrescence which simulated cancer. With a needle the author discovered the calculus, which was further demonstrated by the patient spitting a piece out. The rest was removed *secundum artem*. (The reporter met with a similar condition in a bushman while in practice in South Africa. The stone was the size of a bantam's egg in this case.)

Wm. Robertson.

Mounier.—*Electro-Amygdalotomy for Ablation of Tonsils without Hemorrhage.* "France Méd.," March 15, 1895.

HE advocates the use of the galvano-caustic loop for ablation of the tonsils, and finds as advantages rapid operation and complete hæmorrhage. *A. Cartaz.*

Kretschmann.—*Instrument for Treatment of Certain Forms of Hypertrophied Tonsils.* "Münchener Med. Woch.," 1895, No. 5.

FOR cases in which the tonsils are imbedded between the arches of the palate, and cannot be removed by usual tonsillotomes or bistouries, the author recommends a cutting forceps for *morcellement* of the organs. *Michael.*

Lewin (Berlin).—*Influence of Lesions of the Pharynx and Nose on the Lingual Functions.* "Med. Week," Feb. 1, 1895.

THE author had occasion to treat a patient affected with syphilis who, a few years later, came back with a tumour occupying the region of the foramen cæcum of Morgagni. The left half of the tongue was atrophied, due to tonsillar paralysis. The lesion which explained stuttering in persons suffering from cerebral affections, or who are intoxicated, was compression of the hypoglossal nerve, where the posterior cerebellar artery branches off from the vertebral. Here one fibre of the root of the great hypoglossal nerve passes above this artery, and another fibre below it. The effect of this arrangement is that when a cerebral congestion occurs the vertebral artery, in dilating to the utmost, compresses the hypoglossal nerve. Luschka explains in the same way the stuttering of intoxicated individuals, on the assumption of compression of the great hypoglossal nerve, resulting from dilatation of the venous plexus surrounding the latter where it leaves the cranium in the anterior condylar foramen.

Wm. Robertson.

Walter (Charlottenburg). — *Rare Case of Tuberculous Ulcer of the Palate.* "Therap. Monats.," 1895, No. 2.

A PATIENT, thirty-eight years old, affected with tuberculosis of the lungs and larynx, complained that when he swallowed fluids, they escaped by the nose. Examination showed a perforation of the hard palate, through which the antrum of Highmore could be seen. The wall of the ulcer was covered with miliary tubercles. The ulcer followed the extraction of a carious tooth. The patient died a short time later. In literature the author only found two similar observations, published by Kustner and Rethi.

Michael.

Griffin, E. H.—*A Case of Tuberculosis of the Pharynx.* "New York Med. Journal," Feb. 16, 1895.

THE patient, a girl, aged nineteen, came under the author's treatment, complaining of a slight accumulation of mucus, which she hawked up each morning. Laryngeal examination showed nothing definite. The pharynx was congested, with here and there greyish-white spots scattered over the membrane. Examination of the lungs proved negative. Shortly afterwards, however, tubercle bacilli were found in the sputum. The patient became rapidly worse, and died shortly afterwards. The author remarks upon the rarity of pharyngeal tuberculosis, and also upon the fact that the nearer the air the tubercle bacillus is ingrafted the quicker the death of the patient.

W. Milligan.

Battle (London).—*Syphilitic Stenosis of the Pharynx.* "Brit. Med. Journ.," Feb. 16, 1895.

IN this case, a man, aged twenty-four, there had existed tertiary ulceration of the pharynx, resulting in a contraction opposite the base of the tongue, so that the opening would not admit anything greater than a No. 12 catheter. It was surrounded by a dense cicatrix, and the epiglottis had disappeared. The bands were divided by scissors, but dilatation was still required. The same author showed a case of symmetrical intermittent parotitis with xerostoma. This had existed for five years, with intermittent parotitis every three or four weeks for the last two years. The mouth had been dry at the time of the menopause, both at the tongue and on the mucous membrane of the cheeks. No teeth left. There was no blockage of Steno's duct, as saliva flowed from each. The submaxillary glands had now become enlarged.

Wm. Robertson.

Rosenbaum (Berlin).—*Total Extirpation of the Epiglottis, and some Remarks on Pharyngotomia Subhyoidea.* "Langenbeck's Archiv.," Band 49, Heft 4.

COMPARE the report of the meeting of the Freie Vereinigung der Chirurgie Berlins, June 11, 1894. *Michael.*

Jeremitsch (Moskau).—*Pharyngotomia Subhyoidea (proprie sic dicta).* "Langenbeck's Archiv.," Band 49, Heft 4.

IN order to commit suicide, a soldier, thirty-four years old, cut his throat. The wound was twelve centimètres long, situated over the hyoid bone. The epiglottis prolapsed. No great vessel was wounded. The author united the wound by suture without prophylactic tracheotomy. Recovery took place in a short time. The after-treatment only consisted in rectal feeding. Such cases are of greatest interest, because they show the value of this operation for surgical purposes. *Michael.*

Braun (Breslau).—*Contribution to Resection of the Pharynx.* "Langenbeck's Archiv.," Band 49, Heft 4.

TWO cases of malignant neoplasm treated with good result by resection of the pharynx. The details are more of surgical interest. *Michael.*

Courmont.—*Attacks of Pharyngeal Spasms in Tabes.* "Revue de Méd.," Sept., 1894.

A MAN, aged sixty-two years, with characteristic symptoms of tabes, greatly improved by suspension. The pharyngeal spasm came suddenly, and on entrance into the hospital the patient had not taken food for three days. A drop of water provoked an intense spasm, with suffocation, but without laryngeal crisis. No hysteria; no laryngeal spasm; no stenosis of the œsophagus. The spasms disappeared immediately after suspension, and the patient could be nourished. No return later on. Dr. Courmont believes the spasms of the pharynx are influenced by central or peripheral lesions. He relates the previous cases of Jean, Oppenheim, etc. *A. Cartaz.*

Magnan, A.—*Pharyngeal Symptoms in Tabes.* Thèse de Lyon, 1894.

AN excellent review of that special form of visual troubles in tabes, drawn up from fifteen cases. The pharyngeal symptoms are divided into sensorial disturbances (anæsthesia, paresthesia or hyperæsthesia) and motor troubles (paralysis or spasm with contraction). Frequently these pharyngeal troubles are associated with laryngeal or ocular symptoms. The author believes suspension the best means of treatment for these troubles. *A. Cartaz.*

Ritter (Kiel). — *Contribution to the Knowledge of Œsophageal Diverticula.* "Deutsche Archiv für Klin. Med.," Band 55, p. 173.

PATHOLOGICO-ANATOMICAL description of five specimens of traction diverticula of the Kieler pathologico-anatomical collection. The author concludes a traction diverticulum may become secondarily a pulsating diverticulum by purulent lymphadenitis and mediastinitis. Traction diverticula sometimes are the outcome of cancers. *Michael.*

Zeuker, Konrad (Erlangen).—*Contribution to Etiology and Casuistics of Tuberculosis of the Œsophagus.* "Deutsche Archiv für Klin. Med.," Band 55, p. 405.

(A) *Etiology.*—Report on five cases collected from literature, with the conclusion that tubercles of the œsophagus are produced by infection and inoculation of swallowed tuberculous material.

(B) *Casuistics*.—1. A patient, thirty-eight years of age, for many years affected with tuberculosis of the lungs and hæmorrhages, had for two months difficulties in swallowing. The laryngoscope showed nothing abnormal. By introduction of a probe an impermeable stricture in the upper part of the œsophagus was found. Exact examination was impossible, owing to recurring lung hæmorrhages. Some weeks later, *exitus lethalis*. The *post-mortem* examination showed tuberculous stricture of the œsophagus.

2. In the *post-mortem* examination of a patient who died from pulmonary and laryngeal tuberculosis, in the region of the bifurcation in the œsophagus a tuberculous ulcer was found.

3. A patient, forty-six years of age, died with the symptoms of universal tuberculosis. The *post-mortem* examination showed a perforating tuberculous ulcer between the trachea and œsophagus. *Michael.*

LARYNX, &C.

Oertel (München).—*New Laryngo-Stroboscopic Examination*. “Münchener Med. Woch.,” 1895, No. 11.

THE author as early as the year 1878 proposed to introduce a stroboscope into the laryngeal examination of singers as well as in cases of disturbance of the singing voice. He describes the different results obtainable by this method, which makes it possible to observe the undulations of the vocal cords. He concludes that by this combined method the results of laryngoscopic examination are completed, and that it must be regarded as an integral part of the study of the larynx. *Michael.*

Baurowicz (Krakau).—*Scleroma Laryngis sub forma Sclerosis Inter-Arytenoidea*. “Wiener Med. Woch.,” 1895, No. 6.

SEE the report on the laryngoscopical section of the sixty-sixth Naturforscher Versammlung in Wien. *Michael.*

Luese (Schonfliess).—*On Laryngeal Papillomata in Children*. Inaugural Dissertation, Berlin, 1894.

THE author's statistics prove that the endo-laryngeal method of operation should be preferred if possible. *Michael.*

Wherry (Cambridge).—*Laryngeal Growths removed by Operation*. “Brit. Med. Journ.,” Mar. 9, 1895.

THESE occurred in a lad who suffered from aphonia and dyspnoea. Papillary growths obscured the vocal cords. A preliminary tracheotomy was performed, and, after a few days, the larynx was opened by median section of the thyroid cartilage. A large quantity of papillomatous growth was removed from the interior of the larynx and from the region of the false cords. No after application was needed. *Wm. Robertson.*

Tschlenow (Moskau).—*On a Case of Circumscribed Gummatous Non-Ulcerated Tumour of the Larynx*. “Weiner Med. Woch.,” 1895, No. 13.

THE tumour was the size of a nut on the left arytenoid cartilage. The diagnosis was made by means of a complicating specific ulceration of the pharynx. Cure under specific treatment. *Michael.*