

Abstracts.

NOSE.

Smith, Eustace.—**Post-nasal Catarrh in Children and Some of its Consequences.** "Lancet," October 28, 1911, p. 1186.

A thoughtful and very valuable paper dealing with a common and frequently overlooked complaint. Attention is drawn to the relation of nasal catarrh in children to chronic cough, complete loss of appetite, "cyclical vomiting," glottic spasm, acute enlargement of cervical glands, etc. Smith recommends the use of local applications by swabbing or through the nose.

MacLeod Yearsley.

PHARYNX.

Murray, Fallane (Toronto).—**Vincent's Angina.** "Canadian Practitioner," June, 1911.

The writer gives the history and clinical description of this peculiar form of angina, together with the conclusions of Vincent and others upon it, quoting various cases, and referring to the increased frequency with which it seems of late to occur.

The article closes with a report of three cases which had been treated by the writer: two were journalists, aged respectively twenty-seven and thirty-two, the other was a young lady, a student of music, aged twenty-three. Microscopical examination in each case found the pathognomonic spirilla. In the first one, there was little or no involvement of the adjacent structures. Swelling of faucial tonsils was absent, as also were pain and odour. The left tonsil was covered by a yellow creamy membrane, surrounded by a scarlet line, external to which was a moth-eaten appearance of the tissues. In the second case the tonsils were abnormally enlarged. On examination, two deep excavations were found in the left tonsil, bearing the appearance of having been punched out. Remnants of membrane were seen between the ulcers. Glandular involvement, pain and fever were all very slight. In the third case the throat was exceedingly sore. The affected tonsil was large, with pus oozing from several points in it and the neighbouring fauces. The young lady was subject to quinsy. Breath was foul. Temperature 100° F.

In all these cases, recovery occurred in a short time and was uneventful. The treatment was the administration of potassium iodide and the local application of tincture of iodine and peroxide of hydrogen.

Price-Brown.

Place, Edwin H.—**Vincent's Angina.** "Boston Med. and Surg. Journ.," November 9, 1911, p. 720.

The author briefly describes the bacteriology of this condition and its history. The writer has seen over eighty cases and gives his experiences, discussing the relation of the fusiform bacillus to other diseases, as syphilis, diphtheria, etc. Five of his cases showed positive cultures for diphtheria. In noma the fusiform bacillus is invariably found. In one case, pulmonary gangrene occurred after removal of twelve teeth under ether, the lung becoming inoculated from a tooth, part of which was coughed up. The specific nature of the infection in Vincent's angina is suggested by (1) the tremendous number of organisms in the typical

lesions; (2) the fair constancy of the clinical and bacterial picture; (3) the disappearance of the organisms as the healing process begins. The disease is no doubt often confused with diphtheria, syphilis, stomatitis, tonsillitis, etc. Place finds peroxide of hydrogen swabbing until the ulcers are pretty clean and then painting with 2 per cent. solution of chromic acid twice daily the best treatment.

Macleod Yearsley.

Pusateri, S. (Palermo).—Chronic Vincent's Angina. "Archiv. f. Laryngol.," vol. xxv, Part III.

In the case reported, that of a man, aged twenty-six, the disease had apparently been present for a year before the patient came under the author's notice. Bacteriological examination showed the presence of the fusiform bacillus and spirillum. The ulceration involved the left tonsil, the bed of the right tonsil which had been destroyed, and portions of the faucial pillars. Treatment consisted of local applications of 3½ per cent. zinc chloride solution and 2 per cent. glycerine iodi, with a fluid diet and intestinal disinfection. Healing was complete three months after the case was first seen by the writer. The angina was never accompanied by stomatitis.

Thomas Guthrie.

LARYNX.

Thomson, StClair.—Intrinsic Cancer of the Larynx; Operation by Laryngo-fissure; Lasting Cure in 80 per cent. of Cases. "Brit. Med. Journ.," February 17, 1912.

Cases of cancer of the larynx may be divided into two groups—*intrinsic* and *extrinsic*. This classification is of the greatest importance, for while *extrinsic* cancer is, according to Butlin, "a dire disease," it is quite otherwise with *intrinsic* cancer; there is probably no other region of the body where operation for cancer can show anything like the satisfactory results that can be obtained when the disease occurs in the interior of the larynx and is removed by *laryngo-fissure*.

There are two principal reasons why statistics and reports are not more frequently forthcoming: (1) Many cases do not consult a laryngologist for a persistent hoarseness until too advanced for a successful operation, and (2) cancer of the larynx is not a common disease.

Ten cases were operated on between the years 1900 and 1910, a period of ten years.

These ten cases are summarised in the table on p. 179.

The duration of the cure in each case from the date of operation to February, 1912, has been as follows:

One case, 7½ years; one case, 4 years 4 months; one case, 3 years; one case, 2 years 2 months since laryngectomy; one case, 2 years 1 month; two cases, 1 year 3 months; one case died from other causes 15 months after operation; one case died from cancer of tongue on opposite side 3 years after operation and without local recurrence; one case died from local recurrence. Total, ten cases.

The conclusions to be drawn from this record can be stated fairly briefly:

All the patients were males. Their ages varied between 43 and 68. Five, or 50 per cent., were under 50, four were between 50 and 60, one was nearly 70. In no case did thyrotomy reveal any error of diagnosis. The death-rate from the operation was *nil*. Only one case is dead from local recurrence. A second case died from separate develop-