

Hermet.—*Should Adenoids always be Operated upon?* “Journ. de Clinique Infantile,” Dec. 20, 1894.

THE author believes the operation is too frequently practised; numerous cases can be cured by internal or general medication (iodine, salt baths, etc.). The surgical intervention must be postponed when there is no otitis and no aural complication, no general depression, arrest of development, great difficulty of breathing, etc. Of one hundred and three cases of adenoid vegetations, Hermet has found only fourteen cases necessitating curetting of pharynx. *A. Cartaz.*

Kuhn (Würzburg).—*Syphilis of Naso-Pharynx and Otaglia.* “Münchener Med. Woch.,” 1894, No. 39.

IN three cases of syphilis of the naso-pharynx the chief symptom was otalgia. These seem to indicate the necessity for a careful examination of the naso-pharynx in all cases of otalgia. *Michael.*

Nelaton (Paris).—*The Treatment of Naso-Pharyngeal Polypus.* “The Med. Week,” Dec. 7, 1894.

THE point of this lay in leaving the palate wound (made to facilitate removal of the polypus) open for two reasons: (1) the growth tended to recur, and (2) through the fissured palate any recurrence (which could be treated by interstitial injections of chloride of zinc) could be watched. Histological examination was not always sufficient, as even fibromata were known to take on malignant action, although for years previously they appeared to have been benign. It would appear, therefore, to be more prudent under any circumstances to leave the path open after ablation of a naso-pharyngeal polypus through the palate in order to be able to watch for its recurrence, and especially to combat its progress as stated. Dr. Lucas Champonnière recommends immediate repair of the palate after ablation of the growth, and should there subsequently be a tendency to recurrence there is nothing to prevent our once again splitting the palate. *Wm. Robertson.*

Bruns (Tubingen).—*Operation upon Naso-Pharyngeal Polypi.* “Beiträge zur Klin. Chir.,” 1894, No. 3.

THE author recommends the removal of the naso-pharyngeal part of these tumours *per vias naturales*, and the retro-maxillary part by resection of the zygoma. *Michael.*

Tuffier.—*Naso-Pharyngeal Polypus—Resection of the Superior Maxillary Bone.* “Bull. Soc. de Chir.,” Paris, Vol. XX., p. 766.

THE case of a young man, nineteen years of age, with a large naso-pharyngeal fibromatous polypus. Ablation was performed by resection of the superior maxillary bone and immediate restoration of the palatine vault by means of a large flap of genio-gingival mucous membrane, sutured to the opposite part of the palatine vault and behind to the soft palate. The operatory results were perfect. No facial deformity resulted, and phonation was absolutely correct. *A. Cartaz.*

MOUTH, PHARYNX, &C.

Heymann (Kolmar).—*What is Stuttering?* “Deutsche Med. Zeit.,” 1894, No. 82.

STUTTERING is an essential psychological disease, not to be confounded with other pathological conditions, especially with hysteria. *Michael.*

Rethi (Wien).—*Cortical Centre, Subcortical Paths and Co-ordination Centre for Mastication and Deglutition.* Sitzungsberichte der Kais. Akad. der Wissenschaften in Wien, July, 1893.

THE cortical centres for swallowing and mastication are situated in front of the centres for the extremities. The subcortical paths and the centre of co-ordination lie beneath the thalamus opticus and the pedunculus cerebri. Here also lies the "will" centre for mastication and deglutition. Irritation of the cortical centres produces typical movements of mastication and deglutition. *Michael.*

Bresgen (Frankfurt-a-M.).—*Diseases of the Salivary Glands.*

A SHORT review in the "Diagnostisches Lexicon für praktische Aerzte." Wien: Urban und Schwarzenberg. *Michael.*

Winkelmann (Barmen).—*Case of Chronic Stomatitis ending in Death.* "Deutsche Zeitschr. für Chirurgie," Band 39, Heft 1 and 2.

A PATIENT, aged forty-six, suffered from a bullous inflammation of the right half of the tongue. Anti-syphilitic and other treatment did no good. The vesicles and ulcers spread over the gums, mucous membrane of the cheeks, pharynx, and the larynx. The patient died of fever, diarrhoea, and bronchitis. Bacteriological examination gave no definite results, but the author believes the case was one of chronic foot and mouth disease (Maul und Klauenseuche). *Michael.*

Petre, A.—*Infectious Aphthous Stomatitis.* Thèse de Paris, 1894.

APHTHOUS stomatitis, with general and infectious symptoms, is a contagious disease similar to and dependent upon the aphthous fever of cattle. The contagion is sometimes direct, but mostly indirect, through the milk of affected cows. Not very serious in adults, this stomatitis is dangerous in children. *A. Cartaz.*

Leyden (Breslau).—*Gonorrhœal Affections of the Mouth in the New-Born.* "Centrallbl. für Gynäkologie," 1894, No. 8.

A CHILD with conjunctivitis neonatorum had also a pustule on the gum, in the secretion of which gonococcus was found. Cure. *Michael.*

Rosenberg (Hamburg).—*Treatment of Leukoplakia.* "Deutsche Med. Woch.," 1894, No. 34.

REPORT of a case that had for years withstood various treatments, but which the author cured by brushing with twenty per cent. solution of potassium iodide. *Michael.*

Mendel.—*Lingual Tuberculosis and Dental Glossitis.* Soc. Française de Dermatol., Dec. 13, 1894.

TUBERCULOUS ulcer of the tongue developed in a man twenty-seven years old, by irritation of a sharp first molar tooth. *A. Cartaz.*

Sauvage, A.—*Cold Abscess of the Tongue.* Thèse de Paris, 1894.

THE author describes chronic abscess of the tongue, and shows from many authors that these suppurations are of a tuberculous nature. *A. Cartaz.*

Wertheimer.—*Erythematous Tongue Inflammation.* "Münchener Med. Woch.," 1894, No. 47.

THE author had observed sometimes in infants inflammation of the mucous membrane of the tongue, sometimes combined with soor or vesicles. The disease lasts

some days, is caused by irritation, and must be treated by preventing irritation of the tongue, and brushing with borax and camomile. *Michael.*

Eisenmenger (Wien).—*On Plexiform Sarcomata of the Hard and Soft Palate, and their relations to other Tumours of these Regions.* “*Deutsche Zeitschrift für Chirurgie*,” Band 39, Heft 1 and 2.

DESCRIPTION of some cases, with operations. Chiefly of surgical interest.

Michael.

Lapalle.—*Perforation of the Right Anterior Palatine Pillar.* “*Journ. de Méd. Bordeaux*,” Nov. 17, 1894.

THIS perforation was noted in a young woman, twenty-two years of age. Since puberty she had frequent tonsillitis, with suppuration. The perforation was half a centimètre long. The mucous membrane was healthy. *A. Cartaz.*

Boyd.—*A Tonsillotome.* “*Brit. Med. Journ.*,” June 16, 1894.

THIS instrument resembles Mackenzie's in general appearance, strength of build, etc., but has a ring knife (like Mathieu's instrument), worked by a trigger. With one hand it can be worked, leaving the other free to apply counter-pressure outside. By means of the trigger the forefinger draws the ring-knife home, and the tonsil is cut off against the chisel edge of the fixed blade. *Wm. Robertson.*

Moritz (Manchester).—*Pyoktanin in Malignant Growths (Tonsils).* “*Brit. Med. Journ.*,” Nov. 24, 1893.

THE drug was employed by injection in a case of sarcoma of the tonsil and upper jaw in a woman, aged forty-nine, who first noticed a swelling of the right tonsil eighteen months before. There was a second tumour, the size of a plum, in the roof of the mouth, and a third one in the left parotid region.

In April last Dr. Moritz began to inject three times weekly a saturated solution of yellow pyoktanin (auramin) into the tumours; about five milligrammes were injected into each tumour at a time. Since then the tumour of the hard palate had entirely disappeared and the tonsillar tumour had diminished to half its size. Dr. Milligan, who had also observed the patient during the course of treatment, was able to confirm Dr. Moritz's statement. *Wm. Robertson.*

Spillmann and Etienne, G.—*Late Hereditary Syphilis.* “*Revue Méd. de l'Est*,” Jan. 1, 1895.

IN this pamphlet are recorded two cases of hereditary syphilis of the throat. In the first case, that of a man nineteen years of age, corneal ulcers, chronic arthritis, and angina had occurred in childhood, and later ulcerations of the soft palate, ending in perforation, and cured by mercurial injections. In the second case, that of a man thirty-eight years old, the first manifestations of syphilis appeared at eighteen years of age in ulcerations of the throat, gradual destruction of the soft palate, and complete adhesions of the palate to the pharyngeal walls. They tried injections of tuberculin without success. The lesions were due to late hereditary syphilis. *A. Cartaz.*

Lichtwitz.—*Excision of Hypertrophied Tonsils with Galvano-Cautery Loop.* “*Journ. de Med. Bordeaux*,” Dec. 23, 1894.

THE author advocates, as the best and safest method of excision, the amputation of hypertrophied tonsils with the electric loop. He uses a steel loop of one to three millimètres diameter. The electric current is furnished by a battery of accumulators. By means of a rheostat the current is graduated in such a way that it does

not overstep the degree of incandescence, eight or ten ampères. By this means the largest tonsils are excised in two or four seconds, and the operation has never been accompanied by fever or other complications in a total of four hundred cases.

A. Cartaz.

Lange (Strasburg).—*Tonsillar Calculus*. "Deutsche Zeitschr. für Chirurgie," Band 39, Heft 1 and 2.

IN a patient, thirty-two years old, who complained of difficulty in swallowing of a year's duration, a tumour the size of an apple was found in the position of the left tonsil. On probing, it was hard and stony. It was covered with mucous membrane, except in the centre. Incision; removal; cure. The larger stone weighed twenty-four grammes, the smaller four grammes. They were rough, of yellowish colour, and consisted of phosphates and carbonates. No distinct centre could be found. The author concludes by a careful review of the literature of tonsillar calculus.

Michael.

Heller (Nürnberg).—*Pharyngeal Treatment*. "Münchener Med. Woch.," 1894, No. 44.

THE author says that in all acute infectious diseases the pharynx is the first place of infection. In all such diseases irrigation of the naso-pharynx ought, therefore, to be performed.

Michael.

Ackermann.—*Pharyngo-Mycosis Leptothricia*. Greifswalder Medicinischer Verein, Meeting, Feb. 3, 1894.

REVIEW of the publications upon this disease, and short report of some cases observed.

Michael.

Garel.—*Pharyngitis symptomatic of Diabetes or Albuminuria*. Congrès Français de Méd. Internat., Lyons, Oct. 27, 1894.

THE author describes a mild form of pharyngitis characterized by slight difficulty in deglutition, sensation of pressure and dryness in the throat, and secretion of mucus. The pharynx, faucial pillars, and posterior wall were covered by mucus, and red. In these cases they frequently found albumen or sugar in the urine. A report of twenty-one cases is given, ten with diabetes, eleven with albuminuria.

A. Cartaz.

Kreche (München).—*Special Form of Syphilitic Granulation Tumour in the Pharynx*. "Münchener Med. Woch.," 1894, No. 47.

IN a patient, twenty-four years old, suffering from difficulty in swallowing and dyspnoea, the author found some large tumours in the pharynx of the size of an egg. The author believed them to be cancer, but as the patient had been syphilitic he gave iodide. The tumours disappeared in a short time, and the patient was cured.

Michael.

Gerber.—Verein für Wissenschaftliche Heilk. in Königsberg-i.Pr. Meeting of May 21, 1894.

THE author showed—1. A patient, fifteen years old, in whom he had treated a large naso-pharyngeal polypus by electrolysis.

2. A patient, forty-two years old, with a large tumour of the naso-pharynx, which had caused difficulty in swallowing, pains in neck, and paresis and anæsthesia of left arm. Microscopic examination proved this to be sarcomatous. Improvement on treatment by electrolysis.

3. A patient, seventeen years old, with adhesion of velum and root of tongue

o the posterior wall of pharynx, leaving only a small circular opening. Patient says this came on after diphtheria. No history of syphilis. Treatment by galvano-cautery. Improvement.

4. A patient, twelve years old, with laryngeal tuberculosis.
5. A patient, fourteen years old, with laryngeal symptoms of hereditary syphilis.
6. A case of unilateral rhinitis fibrinosa. Loeffler's bacillus was present.
7. A woman with nose deformed by a great mass of polypus.
8. A patient, sixteen years old, with "aproxia nasalis." *Michael.*

Carstens (Leipzig).—*New Knife for opening Retro-Pharyngeal Abscesses.* "Jahresschr. für Kinderheilkunde," Band 38, Heft 2 and 3.

A COVERED knife. (This was introduced and used by Krukenberg fifty years ago). *Michael.*

Kelling (Dresden).—*Diagnosis of deep-seated Œsophageal Diverticula.* "Münchener Med. Woch.," 1894, No. 47.

The author describes minutely some methods to assist the diagnosis of deep diverticula by introducing curved sounds, or by filling the diverticulum with water. The details must be read in the original. *Michael.*

Egloff.—*Removal of Foreign Bodies from the Œsophagus, especially by Œsophagotomia Externa.* "Beitr. zur Klin. Chir.," 1894, No. 1.

THE author records six cases operated upon by Kronlein. Five of them were cured. The sixth case died from hæmorrhage of the arteria thyroidea inf. dextra, which was eroded by the foreign body. The author also mentions ten cases in which the foreign body was removed *per vias naturales*, and six in which it left the body spontaneously by the anus. *Michael.*

LARYNX.

Milligan (Manchester).—*Teachers' Nodes.* "Brit. Med. Journ.," Nov. 3, 1894.

THESE occurred in a Board school teacher aged twenty-one, and had been causing loss of voice for two years. Two symmetrically-placed nodules, about the size of millet seeds, were seen at the junction of the anterior with the middle thirds of both vocal cords. They projected towards the middle line and interfered with phonation. *Wm. Robertson.*

Huchard.—*Treatment of Stridulous Laryngitis.* "Journal de Praticiens," Dec. 1, 1894.

THE author believes that spasm is the prominent factor of the grave symptoms of stridulous laryngitis. He prescribes large doses of bromide of potassium (one to four grammes) in children, according to the age. These large doses frequently prevent the necessity of surgical intervention. *A. Cartaz.*

Rethi (Wien).—*Œdematous Fibroma arising from the Anterior Surface of the Posterior Laryngeal Wall.* "Wiener Med. Presse," 1894, No. 18.

A PATIENT, fifty-three years old, never having had any disease in his throat, suddenly suffered for eight days from spasmodic cough and dyspnoea. The larynx sometimes produced a ventriloquial noise. The laryngoscope showed a yellowish,