

	New York.	Brooklyn.	Boston.
Average number of deaths from 1880 to 1895 ...	1631 $\frac{1}{4}$	824 $\frac{1}{4}$	452 $\frac{1}{2}$
Deaths reported in 1895 .....	1634	1139	588
Average number dying per 10,000 inhabitants,			
1880 to 1895.....	10·84 $\frac{1}{4}$	10·24 $\frac{1}{2}$	10·90
Number dying per 10,000 inhabitants, 1895 ...	8·73	10·35	11·73

New York is thus the only city showing improvement during the antitoxin year. The percentage mortality is, on the other hand, strikingly reduced. This is due to the fact that the number of cases recorded has immensely increased. Physicians no longer diagnose diphtheria, but in any throat case take a swabbing, send it to the Health Department, and leave the responsibility of the diagnosis in their hands. Thus a child may have a white spot in its throat on which by chance one Loeffler bacillus has settled—this in the bacteriological laboratory is sufficient grounds for the diagnosis of diphtheria, which is absurd.

The danger of using antitoxin as a prophylactic is pointed out.

*Arthur J. Hutchison.*

## MOUTH.

**Beuermann, J. A.**—*The Differential Diagnosis between Benign Lymphomyxoma and Malignant Lymphomyelia.* "New York Med. Journ.," Aug. 8, 1896.

THE author remarks on the extreme difficulty of diagnosis by microscopical examination between benign and malignant neoplasms of lymph tissue, especially when this is not accompanied by a knowledge of the clinical history of the case. He proceeds to describe the two forms quoted in the title, prefaced by the suggestion that "we admit the so-called protoplasm is traversed by a reticulum, the "points of intersection of which, previously termed 'granules,' may grow into "solid lumps of living matter, which in further development become vacuolated, "afterwards reticulated, and, at last, transformed into nucleated protoplasmic "bodies." Also, that we admit the existence of a delicate reticulum in connective tissue tumours, this reticulum being transformed into protoplasm. The small round-celled sarcoma of Virchow is termed lymphomyeloma. He takes a "so-called adenoid growth springing from the mucosa covering the turbinate bone" as an example of the lymphomyxoma, which is thus described: "The "main mass of the growth consists of lymph tissue, *i.e.*, a protoplasmic reticulum, "the meshes of which contain an indistinctly granulated basis substance and a "number of so-called lymph corpuscles, formations of living matter, varying in "size from a small homogeneous lump to a granular corpuscle." Stress is also laid on the fact that the reticulum is always traceable and the appearance of the masses referred to are minutely described, and are said always to exhibit "radiating spokes of living matter, which enter into and inosculate with the reticulum of the basis substance." In the lymphomyeloma, on the contrary, no reticulum is seen in the denser parts, and in others it is extremely delicate—the number of somewhat larger coarsely granulated protoplasmic bodies is far greater, and the number of still larger bodies still more marked, approaching a gliosarcoma in appearance. The more frequent these "lumps" in the reticulum the more rapid the growth and malignancy of the growth; and the fact that the fibrous capsule is unchanged is in favour of the tumour being benign. This is of especial value in tonsillar growths. Finally epithelium is attacked by malignant tumours, and not by benign.

*R. Lake.*

**Escat.**—*Phlegmonous Lingual Amygdalitis*. "Rev. de Laryng.," Feb. 1, 1896.

THE author relates notes of a case occurring in his practice, and makes the following diagnostic points, which distinguish the condition from palatine tonsillitis, glossitis, phlegmon of the floor of the mouth, and Ludwig's angina.

1. Evolution of a unilateral phlegmonous inflammation occurring as a complication on the decline of an acute general catarrh.

2. Very clear semiology—*e.g.*, intense dysphagia, with sensation of a foreign body in the lower pharynx; dyspnoea of pharyngeal origin; unilateral suprahyoid pain localized over the great cornu and exaggerated on pressure; swelling of lateral submaxillary glands and median suprahyoid glands especially; affection of speech; immobility of the tongue on the floor of the mouth and swelling of its base without phlegmonous infiltration of the sublingual region; existence of a unilateral, red, smooth, phlegmonous tumour on the lingual tonsil, seen by laryngeal examination.

Negative signs: integrity of pharyngeal and palatine tonsils, of the larynx, and absence of the inflammatory projection of a sublingual phlegmon.

The condition will be less rare if the laryngoscopic mirror is more frequently used and localization of these purulent foci is more carefully made.

*R. Norris Wolfenden.*

**Grumach** (Reisenberg).—*A Hairy Pharyngeal Polypus*. Inaugural Address, Königsberg, 1895.

THE author removed a soft, round tumour, which was attached to the left side of the arcus palatinus. It was removed with the galvano-cautery snare. It consisted of a layer of epidermis, with rete malpigi, epidermal glands, hairs and erecutores pilorum, containing as *substantia propria* fat and muscle.

*Michael.*

**Piergilli, Dr. B.**—*A Case of Alarming Hemorrhage after Tonsillotomy*. "Arch. Ital. di Otol., Rinol., Laring.," July 3, 1896.

A CASE of alarming hæmorrhage, which necessitated ligature of the right common carotid (by Prof. Durante), is reported by Piergilli. The tonsillotomy was performed by another surgeon and hæmorrhage appeared, recurring four or five times with intervals of five days, and so abundantly that, other remedies having failed, it was decided to tie the carotid. Soon after the patient became aphasic and had convulsions, but both these symptoms disappeared, and after two months recovery was complete.

*Massi.*

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## LARYNX.

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**Ëbstein** (Vienna).—*Leucæmic Infiltration causing Laryngeal Stenosis*. "Wien. Med. Woch.," 1896, No. 22.

THE patient was affected with an abscess of the neck three years ago, and since then had suffered from hoarseness. He proved to be leucæmic; his arytenoids and ventricular bands were infiltrated. Three months later the swelling had increased, and the supra-glottic region was also invaded and covered with a yellowish secretion. Stenosis became so severe that tracheotomy was necessary. He succumbed five days later, after a temporary improvement. *Post mortem*: The whole larynx was infiltrated, the vocal bands appearing as cylindrical masses. Microscopical examination showed sub-epithelial infiltration by leucocytes.

*Michael.*