

An improvement since the introduction of antitoxin is indicated. The general opinion of the physicians using the serum has been that the need for tracheotomy in even severe cases of laryngeal obstruction is now much less frequent than formerly.  
*StClair Thomson.*

**The "Lancet"** (June 12, 1897).—*The Antitoxin Treatment of Diphtheria.*

A LEADING article reviews the present position of this remedy with particular reference to a monograph recently issued by Prof. Ganghöfner, of Prague. ("Die Serum-behandlung der Diphtherie." Heft 1 des 1 Supplementes des Handbuchs der speciellen Therapie innerer Krankheiten. Jena: G. Fischer. 1897.)

After referring to the statistics on the subject the article points out that the general consensus of opinion amongst those physicians who have fairly employed the serum is that its use is followed by results no whit less certain than those which are ascribed to other drugs believed to have a specific action. Thus, in prescribing antitoxin the physician feels sure of obtaining results as definite as those which ensue on the administration of quinine in ague or salicin in rheumatism.

*StClair Thomson.*

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## MOUTH, &c.

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**Bourdette.**—*A Case of Exaggerated Mobility of the Tongue.* "Ann. des Mal. de l'Oreille," May, 1897.

THE case of a man of twenty, the victim of atrophic rhinitis from infancy, who habitually cleared his naso-pharynx of crusts with his tongue. Apart from the condition of the frenum, the organ was natural in size and length, but seemed capable of exploring the whole naso-pharynx and of informing the patient of the existence of his Eustachian orifices and fosse of Rosenmüller. *Ernest Waggell.*

**Geronti, G.** — *Tonsillar Lympho-adenitis.* ("Linfoadenia Tonsillare.") "Archivio Italiani di Otologia," etc. (Fifth Year), 1897.

THE author saw in the Roman clinic a case of tonsillar lymphoma with lympho-adenitis, which had a fatal issue. From this observation he takes occasion to show (with a careful analysis of all recorded cases) the confusion existing in the denomination of malignant tumours made of connective (conjunctive) tissue, as the name "lympho-adenomata" served to indicate several neoplasms. He quotes the clinical fundamental ideas which support the diagnosis of tonsillar lympho-adenitis, according to great importance to the bilateral impairment, etc. He disagrees with Butlin's opinion, according to which tonsillar sarcomata may be considered in strict relation with Hodgkin's disease, and studies the age and sex in which the disease is more frequent. What we have to mention of more importance than all this is the presence of young parasitic elements observed by the author. They are rather scarce; present towards the peripheral parts of the growth in groups of six, seven, eight, or nine; of a round form, strongly coloured by the green malachite, with a refractile capsule usually visible. Some are extracellular, others intracellular, but never have been found in the nucleus, and these are without a capsule. They are the blastomyces which Sanfelice and Roncali have so well illustrated.

Geronti, then, is of opinion that lympho-adenitis has a parasitary origin, and if experiments on animals are unsuccessful, this may be explained by the fact that they are very rare on account of the phagocytic power of cells. *Massei.*

**Grey-Edwards, C., and Severn, W. D.**—*Cases of Follicular Tonsillitis due to Milk Infection.* "Lancet," June 12, 1897.

A RECORD of four cases in which the infection was traced to the milk supply, and then to one particular cow in the dairy. In the milk from this cow were found the same organisms as were present in cultures taken from the tonsils of the patients.

*St. Clair Thomson.*

**Heddaeus, A.**—*Acute Tonsillitis due to Staphylococcus Pyogenes Aureus; Metastatic Pleurisy — Diplococcus Pneumonia — Thoracotomy — Sepsis—Death.* "München. Med. Woch.," May 4, 1897.

L. A., twenty-six; labourer, became suddenly ill on 31st January, 1897, with shivering, fever, and, in the evening, sore throat. On February 3rd, 1897, he came into hospital, where there was found swelling of anterior cervical glands on both sides; the whole neck thickened, and painful to touch, specially over larynx; dyspnoea easily produced by pressure on the side of larynx; pharynx red and swollen, tonsils also; in pharynx, mucus and pus; epiglottis, regio arytenoidea, false cords, all swollen and oedematous; true cords hardly visible. A day or two later the swelling, etc., in neck had become so marked, and the danger of suffocation so great, that an exploratory operation was performed; but, although this was very thoroughly carried out, no pus was found. This wound was soon covered with thick, fibrinous, almost diphtheritic deposit, from which abundance of staphylococci could be cultivated. Meantime, a double pneumonia (almost pure diplococcus in sputum) and a double pleurisy developed. Paracentesis thoracis had to be done three times. The fluid obtained on the first two occasions was slightly turbid, greenish yellow serum, from which pure cultures of staphylococcus pyogenes aureus (*i.e.*, the same micro-organism as was found in the wound in the neck) were grown. At the third puncture the fluid was no longer serous, but stinking pus, from which staphylo-strepto- and diplococci were cultivated, as well as a bacillus that produced a strong factor, turned agar green without rendering it turbid, and turned glycerine green without rendering it fluid. The ninth rib was then resected. Two days later patient died.

At the *post-mortem* examination pus was taken from a small peritonsillar abscess and cultivated on agar-agar; this produced closely-set colonies of staphylococcus pyogenes aureus (*i.e.*, the same micro-organism as was found in neck wound and pleuritic fluid). There can be no doubt that the pneumonia arose quite independent of the peritonsillar phlegmon, but that this was the cause of the pleurisy. The history, the bacteriological and the *post-mortem* results, all support this view. Cases similar to this have been reported by other observers, but generally some other micro-organism has been found; pleurisy due to staphylococcus is extremely rare.

Verneuil's opinion that peritonsillar abscesses should not be incised till fluctuation can be felt or the pus points, and that it is still better to let them open spontaneously, is quite unjustifiable. The author's case, and some others similar to it, demonstrate the danger of leaving the pus to find its own way out: this danger can be prevented only by early incision.

*A. J. Hutchison.*

**Jaboulay.**—*Artificial Alimentary Channel in Cancer of the Lower Parts of the Pharynx and the Top of the Œsophagus.* "Province Méd.," April 17, 1897, from "Presse Méd.," June 30, 1897.

THE method consists in opening the alimentary tract above and below the obstruction, and of re-establishing the continuity of the lumen with an india-rubber tube, which is left in position. Nourishment is thus carried by an artificial Œsophagus running past the cancerous mass. The method has been employed in one case for

four months, and with success, the tissues tolerating the presence of the tube very well. The author suggests the formation of a skin œsophagus by a further development of the method. *Waggett.*

**Munger, C.E.**—*Retro-Pharyngeal Abscess.* "Laryngoscope," June, 1897.

A VERY valuable retrospect of the literature, with a report of a case in an adult following on an attack of *la grippe*. The abscess was enormous, and was opened by direct incision and treated by irrigations with peroxide of hydrogen. The disease lasted in all five months. *R. Lake.*

**Ququet.**—*A Case of Bucco-Facial Actinomycosis ; Cure.* "Presse Méd.," May 12, 1897.

THE report of a case occurring in a young man, together with excellent coloured photographs. Infection appears to have taken place through the medium of a carious tooth, and the disease at first took the form of a dental abscess. Cure was obtained after some five months by internal administration of potassium iodide and iodine injections into the fistulæ which opened on the cheek. *Ernest Waggett.*

**Sabrazes and Bousquet.**—*Acute Streptococcic Macroglossitis.* "Presse Méd.," June 30, 1897.

THE patient, a woman of thirty-four, was admitted into hospital the day succeeding an abortion at the fifth month, with high fever and rigors. The pelvic condition was attended to, but the fever remained high, and pleurisy and broncho-pneumonia supervened. Streptococci were found in the pleuritic fluid. On the eighth day, the tongue, previously dry and red, became painful. The anterior portion from the V to the tip now rapidly swelled, causing dyspnoea, to which, with the cardiac failure induced by the toxic conditions, the patient succumbed on the second day. The tongue had become elastic and pale, and neither tender to or pitting on pressure. Microscopic examination revealed dense infiltration of the whole of the affected portion of the organ, with inflammatory exudation cells, together with considerable thinning of the surface epithelium. The swollen tissues were crowded with cocci, which were found in the greatest numbers near the surface of the organ. No cocci were found in the arteries, nor did their disposition suggest septic embolism. Invasion appears to have spread inwards from the surface of the organ, probably due to infection of the already damaged mucous membrane by cocci expectorated from the broncho-pneumonic lungs. Evidences of profound toxic changes were present in the internal organs. *Waggett.*

**Somers, Lewis** (Philadelphia).—*Tuberculosis of the Tonsils, Pharynx, and Larynx.* "Med. and Surg. Reporter," May 29, 1897.

THE author deals with the implication of the lymphoid tissue around the mouth and pharynx in tuberculous disease, pointing out that it is almost always secondary to other mischief. He states that secondary involvement of the pharynx occurs in nearly one quarter of all cases dying of pulmonary or laryngeal tuberculosis. He deals at length with the symptoms and the various forms of remedies prescribed. *St George Reid.*

## N O S E , & C .

**Armstrong, H. L.**—*A Tri-Valve Nasal Speculum.* "Med. Record," June 26, 1897.

THIS speculum is for nasal surgery when the patient is under the influence of a general anæsthetic. By its means a better view is obtained, and the tendency shown by bi-valve specula is overcome. *R. Lake.*