

treated by appropriate voice exercise, and other defects by suitable operative interference.

FREY asked if Fröschels did not think that this spasm might be dependent on extreme deafness and consequent affection of the innervation of the palate.

FRÖSCHELS replied that this was possible, but that deafness was usually associated with the open type of nasal speech.

ALEX. R. TWEEDIE (*trans.*).

Abstracts.

PHARYNX AND NASO-PHARYNX.

Smith, L.—*A Little-Recognised Consequence of Adenoid Growths.* "The Practitioner," January, 1910.

The author draws attention to the liberal secretion of thick and acrid mucus in adenoid cases, and insists upon its importance in causing gastric derangement and troublesome cough, which results may occur separately or together. Removal of the adenoids is advised, but the author points out that further treatment is usually necessary to finally overcome the troubles of which they have been the cause. *Macleod Yearsley.*

Griffiths, J. Howell (London), and **Riddell, D. F.** (London).—*Two Cases of Rupture of the Vessels of the Neck into the Pharynx in Scarlet Fever.* "Glasgow Medical Journal," January, 1910.

CASE 1.—A boy, aged nine and a half, was suffering from a mild attack of scarlet fever, which ran a normal course for twenty-three days. On the twenty-fourth day the patient complained of pain on the right side of the neck, with considerable swelling and a rise of temperature. Each day these symptoms increased, and on the fourth day the right tonsil was seen to be pushed forward by a large swelling behind it, and the right side of the palate was also inflamed. An incision was made in the protruding tissue, but no pus was found. Next day there was still no pus present, but on digital examination the swelling was found to be quite soft, and the tip of the finger entered a cavity behind the tonsil. On the withdrawal of the finger profuse venous hæmorrhage took place, which, proving uncontrollable, death ensued instantaneously.

Post mortem.—No ulceration of the fauces or tonsil was detected, but behind the right tonsil was an irregular-shaped cavity, the inner wall of which was broken down, the outer wall being connected with the internal jugular vein. There was considerable enlargement of the glands of the neck.

CASE 2.—A boy, aged three and a half, suffering from a mild form of scarlet fever. On the seventeenth day from the date of the eruption the temperature suddenly rose. An enlargement of the glands took place externally, and a slight deposit on both tonsils became evident. Five days later the child was practically well, except for the glandular enlargement, which still persisted, although the temperature was normal and only slight ulceration was visible. While sitting up in bed taking some

rice-pudding the child gave a sudden cough, which was followed by profuse arterial hæmorrhage, and death ensued immediately.

Post mortem.—A breaking down of the glands was found on the right side of the neck. At the level of the angle of the jaw, just behind the pharyngeal wall, a small cavity was disclosed filled with blood-clot. The walls of this cavity were ulcerated, and at the upper part the internal carotid artery was involved in the ulceration.

Notes.—These cases are of interest, as very few of the kind have been reported. In the first case, there being no throat trouble present, it is probable that a deep lymph-gland broke down, involving the coats of the internal jugular vein, from which vessel blood oozed into the surrounding tissue, giving rise to the swelling behind the right tonsil. In the second case a septic ulceration of the tonsils took place, affecting, secondarily, the glands, the breaking down of which involved the coats of the internal carotid artery, causing that vessel to give way suddenly. In neither of these cases were there any symptoms indicating implication of the vessels.

Andrew Wylie.

Hurd, L. M. (New York).—*Pemphigus of the Throat; Report of a Case.* "The Laryngoscope," September, 1909, No. 9, p. 689.

A woman, aged 33. Five years before she first consulted the author, sore throat, dysphagia, and anorexia, were experienced at irregular intervals. Four years later a similar condition began to affect the conjunctiva of the left eye.

On examination, bullæ, vesicles, and superficial ulcers were seen on the velum, posterior pharyngeal wall, and base of the tongue. There never had been any eruption on the skin.

A subsequent report from the patient conveyed the information that she had lost the sight in the left eye.

Pemphigus entirely limited to mucous membranes is rare.

Dan M'Kenzie.

NOSE.

Baumgarten, E. (Budapest).—*The Early Forms of Ozæna.* "Archiv für Laryngol.," vol. xxii, Part III.

The author has observed three cases in which babies during the first year of life have been the subjects of crust-formation within the nose to such a degree that tubular masses representing casts of a great part of the nasal cavities could be removed. He has been able to follow up the subsequent history of these cases, and has found that this tendency to crust-formation has, after persisting for a few months, completely disappeared. A period then followed during which the nose presented no definite abnormality, but about the third or fourth year examination showed a state of affairs which the author believes from his observation of these and many other cases to be the early stage of ozæna. During this early period the characteristic appearance is that of contraction of one inferior turbinal with relaxation of the other; but repeated examination shows that there is neither hypertrophy nor atrophy, since the change from contraction to relaxation and *vice versa* is constantly occurring on both sides. In addition, there is manifest, even during this period, a tendency to drying of the nasal secretion in the form of thin lamellæ, both on the surface of the inferior turbinal and more especially in the posterior part of the inferior meatus. In the three cases above referred to ozæna was fully developed about the fifth or the seventh year.