

rapid disappearance of the pellicle leaving superficial erosions after the injection of antitoxin, and the impairment of accommodation and double vision, together with loss of power in the muscles of the neck, are relied on to establish the diagnosis.

We must note that no reaction followed the injection, and various other drugs were being used—*e.g.*, calomel and iron internally, and gargles and swabbing of peroxide of hydrogen—so that the effect of the antitoxin is not quite so definite to trace as if it had been alone employed.

Barclay J. Baron.

MOUTH, &C.

Carré.—*The Strepto-Bacillus of Malassez-Vignal as Factor of Anginas.* “*Lyon Méd.*,” May 2, 1897.

EXAMINING one hundred and forty cases of anginas, he has found four times the strepto-bacillus of pseudo-tuberculosis discovered by Malassez and Vignal; twice isolated, twice associated with the diphtheria bacillus. In these four cases the disease was very serious; in one it appeared in the course of throat disease, an infectious broncho-pneumonia. He gives the technique of cultures. *A. Cartaz.*

Jullien, L.—*Primary Ulcer of the Tonsils.* “*Annales de Dermat.*,” Vol. VIII., p. 275.

HE relates a rare case of bilateral chancre of the tonsils in a girl seventeen years of age. The syphilis had been inoculated by the sucking of the nipples of a parent recently delivered, for applying the nipples to nursing. The woman had been contaminated by the husband. The two tonsils are invaded by large ulcerations; dense, with voluminous and hard enlargement of cervical, retro-occipital, mastoid, and axillary glands. *A. Cartaz.*

Turner, W. A.—*Note on the Course of the Fibres of Taste.* “*Edin. Med. Journ.*,” Sept., 1897.

THE author supports Gower's view that taste impulses from the anterior two-thirds of the tongue enter the brain *via* the fifth cranial nerve-root. What appears to be a crucial case was recorded by Ferguson in 1890. During life complete loss of taste had existed on the anterior two-thirds of the left side of the tongue, while the posterior third, the fauces, and soft palate retained the sense of taste.

Post-mortem: a small exostosis was found to press upon and divide the left vidian nerve. Microscopic examination revealed degeneration of the great superficial petrosal, traceable to the geniculate ganglion, and along the facial trunk to the chorda tympani, and on to the lingual nerve.

Krause's cases of excision of the gasserion ganglion also support this view.

If Dixon's view were correct, then destructive lesions of the facial nerve-root in its course from the pons to the internal auditory meatus ought to produce abolition of taste sensation. But this is not found to be the case. In a case reported to the writer by Dr. Alex. Bruce, in which the symptoms pointed to implication of both the seventh and eighth nerves in the posterior cranial fossa, taste was unimpaired on both sides of the tongue.

The point meantime remains dubious, “although clinical evidence is in favour of the root of the fifth cranial nerve.”

Arthur J. Hutchison.
