PHARYNX.

Chauveau.—*Contribution to the History of Pharyngeal Pathology during the Greco-Roman Period.* "Annales des Maladies de l'Oreille," etc., April, 1901.

A long and comprehensive article, whose purport is sufficiently indicated by the title. *Macleod Yearsley.*

Elder, J. M.—*Carcinoma of the Pharynx, with Involvement of Cervical Glands in a Boy Fourteen Years of Age.* "Montreal Medical Journal," December, 1900.

This case is worthy of mention on account of its extreme rarity at so early an age. On first examination the extent of disease within the mouth could not be known, owing to fixation of the jaws from the enlarged cervical glands. The removal of part of the gland tissue for microscopical examination proved it to be scirrhus. Further examination within the mouth revealed a sessile involvement of most of the pharynx. The prognosis was hopeless. A peculiar feature was that the mother had symptoms of cancer when the boy was two years old, and died two years later. *Price-Brown.*

Kelly, A. Brown.—*Sclerotic Hyperplasia of the Pharynx and Naso-Pharynx.* "The Lancet," April 6, 1901.

The author believes the condition to be a hitherto undescribed pathological entity. The patient was a male, aged thirty-four, who had been subject to slight sore throat for about eight years, and for three years had felt some thickening in his throat. The case presented three striking features, namely, greatly enlarged uvula, a thick band descending in each half of the posterior wall of the pharynx, and thickening of the roof and floor of the naso-pharynx leading to a marked diminution of its lumen. In all the regions affected the morbid process is apparently the same, consisting in diffuse uniform thickening, which histologically proves to be a marked interstitial hyperplasia. The development of the disease has been very slow, and is probably still proceeding. In endeavouring to diagnose this condition several diseases have come under consideration.

1. *Rhinoscleroma.*—In this disease the naso-pharynx is the region most frequently involved, and its aspect may come to resemble that presented by the patient. In rhinoscleroma, however, the reduction in the lumen of the naso-pharynx is due to cicatricial contraction, and not, as here, to thickening of the tissues. Further, no description corresponding with the appearances of the uvula or posterior wall of the pharynx in this case could be found. The fact, also, that rhinoscleroma has been observed in this country only in persons who have come from districts in which the disease is endemic renders it highly improbable that the ailment is of this nature. Lastly, the absence of the specific bacillus and of Mikulicz's cells almost conclusively disproves rhinoscleroma.

2. *Tertiary Syphilis*, owing to the various aspects it may assume in the throat, naturally suggests itself. Inquiry as to the patient's previous health yields no indication of his ever having contracted venereal disease; besides, this morbid process differs from tertiary syphilis in its perfect symmetry, in the absence of any tendency to ulceration, and in its being uninfluenced by iodide of potassium.

3. *Hereditary Syphilis.*—Owing to the want of corroborative evidence in the personal and family history of the patient, and because of the general dissimilarity of his pharyngeal manifestations to those observed in hereditary syphilis, the author believes that this disease may be left out of account as an etiological factor.

While unable to find a disease of which the sclerotic hyperplasia in the man is a manifestation, an analogous condition probably exists in subglottic hypertrophic laryngitis. This affection is usually characterized by the presence of pinkish, smooth, firm, symmetrical folds beneath the vocal cords, which develop slowly, apparently in consequence of recurrent inflammatory attacks, during which they become more or less swollen. If we now turn to the case under discussion we find folds of thickened tissue in the pharynx presenting characters similar to those just mentioned; we get a clinical history of his having been subject to sore-throat for years, and of permanent symptoms due to hypertrophic changes having set in only at a comparatively recent date; examination during an inflammatory attack revealed marked swelling of part of the affected region; and lastly, A. Sokolowski's* account—which is probably the most detailed and thorough—of the histology of subglottic hypertrophic laryngitis might stand for that of the removed portion of the enlarged uvula, the sole difference being that in the present case the deeper layer of the epithelium is not thrown into papillæ, but presents practically an even continuous surface, the columnar character of the deepest cells of the rete Malpighii, however, being maintained.

Considerable discussion has taken place as to the nature of subglottic hypertrophic laryngitis. In most text-books the causes mentioned are tuberculosis, syphilis, and rhinoscleroma, the last being probably the commonest. Of 100 cases of scleroma recently reported by A. Baurowicz† thirty-four were affected with subglottic hypertrophic laryngitis. If the frequency of subglottic hypertrophic laryngitis in scleroma be coupled with its great rarity apart from this disease, it can be understood how certain observers who live where rhinoscleroma is prevalent—*e.g.*, P. Pieniazek‡ and Baurowicz of Cracow—and who consequently see subglottic hypertrophic laryngitis comparatively often, maintain that it is *always* a manifestation of scleroma. On the other hand, Sokolowski of Warsaw, who has also had an extensive experience of rhinoscleroma, denies this, and proves incontestably, as it seems to the author, that subglottic hypertrophic laryngitis may develop independently of scleroma, tuberculosis, and syphilis; he thinks that the morbid process is of a specific nature, the etiological factor being as yet unknown, but he suggests that hereditary syphilis may play a part. A. Kuttner§ reports a case of subglottic hypertrophic laryngitis in which there were no grounds for suspecting the presence of any of the infective diseases mentioned; he maintains, therefore, that this laryngeal condition may appear as an affection *sui generis*, which he proposes to term the genuine form of chorditis vocalis inferior hypertrophica. F. H. Bosworth‖ also states that there can be

* "Ein Beitrag zur Pathologie und Therapie der chronischen hypertrophischen Kehlkopfentzündung," *Archiv für Laryngologie*, Band ii., S. 68; also Band iv., S. 239.

† "Das Sklerom auf Grund der Beobachtung von 100 Fällen," *Archiv für Laryngologie*, Band x., S. 396; "Zur Aetiologie der sogenannten Chorditis vocalis inferior hypertrophica," *Ibid.*, Band vii., S. 349.

‡ Heymann's "Handbuch der Laryngologie," Band i., S. 1305.

§ "Chorditis vocalis inferior hypertrophica," *Archiv für Laryngologie*, Band v., S. 275.

‖ "A Treatise on Diseases of the Nose and Thoat," vol. ii., p. 529.

no question of a simple idiopathic inflammatory process in the subglottic region giving rise to marked hypertrophy, but he thinks that in most instances a diathetic condition is present. There are thus good reasons for according to subglottic hypertrophic laryngitis independent rank amongst the diseases of the larynx.

The facts brought forward in this paper, if correctly interpreted, prove (1) that the pharynx and naso-pharynx may be the seat of a sclerotic hyperplasia unconnected with syphilis, rhinoscleroma, or other known infective disease; (2) that a similar morbid process may manifest itself beneath the vocal cords as subglottic hypertrophic laryngitis; and (3) that in the hyperplastic variety of hereditary syphilis the histological appearances closely resemble those of the above-described sclerotic hyperplasia. *StClair Thomson.*

Texier, V.—*Dermoid Polypi of the Pharynx.* "La Presse Méd.," December 19, 1900.

The author first describes a case he had under observation, then discusses the pathogenesis, etc., of these growths.

The author's patient was an infant, in whom nothing abnormal had been noted till it was three months old. During a fit of coughing a pale-coloured tumour was projected out of the mouth, but disappeared again after a few acts of swallowing. The breathing was not at all embarrassed, and the child was well developed and appeared perfectly healthy. On opening the mouth, at first nothing abnormal was seen, but on strongly depressing the tongue a whitish, freely-movable tumour was seen descending behind the soft palate and occupying the whole right half of the pharynx. Coughing or retching forced the tumour into the mouth, where it lay on the tongue till it was swallowed again. When caught and pulled out of the mouth it reached about 3 centimetres beyond the commissure of the lips. It was at once apparent that the tumour was not covered with mucous membrane, but with skin with numerous fine hairs. The pedicle extended behind the soft palate, but the exact point of origin could not be determined, as neither posterior rhinoscopy nor palpation was possible in so young a child. It was removed with a cold snare as far back as possible. Hæmorrhage was insignificant. The tumour consisted of a long pedicle and a terminal enlargement; total length, $5\frac{1}{2}$ centimetres; weight 2·7 grammes. It consisted of a fatty tissue completely enclosed in what appeared to be ordinary skin about three quarters of a millimetre thick, but growing thinner towards the point of insertion.

Microscopic Examination.—Epidermis of variable thickness, the different strata not clearly differentiated. In the dermis were found very numerous hair-follicles, sebaceous glands, erectores pilorum, sudoriparous glands, arterioles, venules, capillaries, but no nervous elements were found in the body or terminal enlargement of the tumour. In the pedicle elements were found resembling non-medullated nerve fibres. There was also, in the pedicle, a large artery with its corresponding vein, this vascular axis being surrounded by two or three layers of striped muscular fibre. Near the root of the pedicle the skin suddenly gave place to a mucous membrane.

In medical literature the author has found eighteen similar cases recorded, exclusive of those growing from any part of the buccal cavity. These tumours all arise from some point in those parts of the pharynx which are developed around the first or second branchial clefts. Under

some unknown influence a bud, or inward growth, arises from the corresponding branchial arches. This bud is covered by the external layer of the blastoderm, therefore is covered with skin. The process is exactly analogous to that which gives rise to the little pedunculated cutaneous tumours in the vicinity of the auricle—likewise developed from the branchial arches.

The structure is simple; the covering is cutaneous, with hair, sudoriparous and sebaceous glands. Beneath this is a connective-tissue stroma, containing muscular fibres, vessels, and sometimes cartilage. The tumours may be accompanied by malformations, *e.g.*, cleft palate, etc.

The symptoms vary according to the position and size of the tumour, and may be marked from the first, or may be unnoticed till the twentieth or even thirtieth year. The colour is whitish, the shape that of a pedunculated polypus; the body of the polypus may grow to the size of a cherry, or even larger. They grow from some part of the naso-pharynx, *e.g.*, the orifice of the Eustachian tube, the posterior surface of the soft palate, the vault of the naso-pharynx, etc.

Diagnosis is easy. Treatment consists in extirpation, which may be done with a pair of scissors, a galvano-caustic, or a cold snare.

Arthur J. Hutchison.

THYROID, Etc.

Anderson, H. B.—*Case of Colloid Goitre, involving the Middle Lobe of the Thyroid Gland, associated with Asthmatic Attacks and resulting in Sudden Death.* "Canada Lancet," October, 1900.

The author states that he has been unable to find a similar case recorded in which the goitre was confined to the middle lobe. The occurrence of periodical attacks of urgent dyspnœa in so-called thyroid asthma is somewhat common, but must be more dangerous to life when the enlargement is limited to the central lobe, as in this case. The attacks of asthma were severe and the death not unexpected.

Price-Brown.

Christiani. — *Histology of Grafts of the Thyroid Gland in Reptiles.* "Revue Méd. de la Suisse Romande," December 20, 1900.

Grafts of thyroid gland transplanted from one reptile to another of the same species, or from the neck of one reptile to its peritoneum or under its skin, take well, and form functionally active glands. The rapidity with which the transplanted graft forms new vascular connections, and with which its epithelial cells begin to grow, depends on the species of reptile, and on the time of year at which the transplanting is done. Thus, in lizards and slow-worms reorganization of the graft is much more rapid than in snakes and vipers; it is also far more rapid in spring and summer, when the animal's organic life is most active, than in autumn and winter, when its life is almost suspended.

The author concludes that the thyroid gland of reptiles is capable of being transplanted, just as it is in mammals, and that the grafts, even long after the operation, present "all the morphological characters of the thyroid gland, without any tendency to atrophy."

Arthur J. Hutchison.