

MOUTH, Etc.

Baudouin, G.—*Chancre of the Palate.* “La Presse Méd.,” February 3, 1900.

At a meeting of the Société Française de Dermatologie et de Syphiligraphie, Baudouin showed a patient with an erosion of the right side of the soft palate. It commenced as a small pimple three weeks earlier, and rapidly reached its present dimensions, viz., those of a five-franc piece. The erosion was irregularly oval in shape, with a flat base covered by a grayish layer, its borders neither undermined nor projecting. The surrounding mucous membrane was red and inflamed. The affected area was the seat of an infiltration which the author considered characteristic. There was a ganglionic swelling behind the angle of the jaw.

Primary chancres of the palate are very rare. Fournier, in his statistics, cites only two of the hard and one of the soft palate.

Arthur J. Hutchison.

Ciechomski.—*Syphilitic Tumour of the Tonsil simulating Malignant Neoplasm.* “Pam. Tow. Lek. Warsz., IV., p. 1135, 1898.

A man, sixty years of age, with hard and ulcerated enlarged left tonsil. The submaxillary glands a little swollen. The diagnosis a malignant tumour. Before proceeding, however, to operate, iodide of potassium was tried, although there were no symptoms of syphilis. The tumour diminished, ulceration healed, especially after injections into the tonsillar tissue of sublimate (HgCl₂). At the same time all subjective symptoms (pain, etc.) disappeared. The author is not certain if in the above case he had to do with primary syphilitic induration or gumma of the tonsil.

John Sendziak.

De Gorsse.—*Anomaly of the Soft Palate.* “La Presse Méd.,” January 27, 1900.

At a meeting of the Société Anatomique, M. de Gorsse showed a drawing of a congenital malformation of the throat. The uvula was enclosed by the soft palate, and formed a small eminence on its posterior surface.

Arthur J. Hutchison.

Mariau.—*The Soft Palate, an Organ of Taste.* “L’Echo Méd. du Nord,” January 28 and February 4, 1900.

M. Mariau reported to a meeting of the Société Centrale de Méd. du Départ. du Nord the results of certain experiments on the soft palate as organ of taste. He made use of sweet (sugar) and bitter (quinine), the only two pure tastes admitted by all physiologists. “Sweet” is perceived by the palate, though not so quickly or keenly as by the tongue; “bitter” is quickly perceived, and the impression lasts long.

The nerve of taste is the glosso-pharyngeal, both on the palate and on the tongue, because the so-called lingual branch of the fifth nerve is physiologically the prolongation of the intermediate nerve of Wrisberg, the superior root of the glosso-pharyngeal (Duval).

Both on the palate and on the tongue the glosso-pharyngeal is the nerve of taste and the nerve of nausea.

Mariau had not tested the posterior surface of the palate, but thought there would be no sense of taste there, as no glosso-pharyngeal terminations were to be found there. The tonsil possessed no sense of taste.

Arthur J. Hutchison.

Mintz.—*Diagnosis of Diverticulum Œsophagi.* "Pam. Tow. Lek.," II., 1898.

The author showed in the Medical Society of Warsaw a man, forty-seven years of age, with diverticulum œsophagi, recognised by means of translumination (Edison's lamp). In this case Dr. Brunner employed the Röntgen rays, which facilitated the diagnosis. The heart was dislocated to the right side.
John Sendziak.

Poncet, A., and Birard.—*On the so-called Glandular Form of Cancer of the Pharynx.* French Chirurgical Congress, Paris, October, 1899.

The form of cancer of the pharynx known as the glandular shows itself during a part of the whole of its evolution to be nothing more than an involvement of the cervical and especially the carotid glands. In this case swallowing may be normal, pain absent, and exploration of the pharynx or larynx by means of the finger or mirror quite negative. On account of the character of the adenitis, we are able to make a diagnosis of latent cancer of the pharynx, of the œsophagus, or some other organ in that region. Later on the tumour gives rise to more manifest troubles, but sometimes death occurs without our having been able to determine the seat of the original disease. After the post-mortem, we find in certain cases the primary tumour in a small ulceration in the pharyngo-laryngeal groove or in the tonsillar fossa; in two cases the authors found lesions extending near the deep planes exactly like submucous neoplasms.

There are cases in which we find only an induration, with very little characteristic about it at first, in the submucous or muscular layers, and for which, after microscopical examination, one stops at the idea of a sarcoma of the connective tissue of the pharyngeal walls. The authors published a case bearing upon this last point in which there was a malignant tumour of the nature of rhabdomyoma mixed with striated muscles of the pharynx.
A. Cartaz.

Sendziak.—*Contribution to the Diagnosis and Treatment of Suppurative Inflammation of the Palatine, as well as Lingual Tonsils, with Special Reference to Peritonsillar Abscesses.* "Kronika Lek.," Nos. 4, 5, 1898.

This is a monograph on the above diseases, based upon 235 cases of peritonsillar abscesses observed by the author during eight years, out of 8,500 patients, *i.e.*, 2·8 per cent.

The abscesses of the tonsils, however, were observed only in thirty-two cases. The author reports, amongst others, a case (a man, forty years of age) of peritonsillar abscess, complicated with arthritis crico-arytenoidea of the same side, evidently of rheumatic character (recovery after sodium salicylicum).

The author has observed nine cases of abscesses of the lingual tonsil, which on account of their rarity he briefly reports.

John Sendziak.