REPORT OF A CASE OF KERATOSIS OF THE THROAT.

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On Jan. 7, 1903, Mrs. L. consulted the writer concerning her throat. I had known her for several years, she was a highly educated lady and spent her time largely in writing for society papers. She was born in Canada, but had lived nearly all her life in the United States, and considered herself strictly American. She was 40 years old, married, was the mother of a son and daughter, both now grown. She read and studied and lead somewhat a sedentary life. She informed me that she had been afflicted with constipation and hay fever for years, otherwise her history was excellent.

About six months before consulting the writer, she complained of a bad taste in the mouth, sweetish in nature, a constant tickling sensation in the throat, at the back of the tongue, which induced cough. A physician was consulted, he told her that she had a chronic tonsilitis and prescribed for her. His treatment she continued until I saw her. (It was pyrozone as a gargle.) This treatment failed to allay the irritation, or afford any relief in any way. She had examined her own throat, seeing the white spots on tonsils, she decided to consult me on Jan. 7, 1903. When she presented herself, she was nervous and had worried a great deal about herself, and was unable to sleep. She had never had any pain or any other bad symptom, aside from the tickling, in fact, she would not have known the disease existed, had she not seen the white spots on the tonsils and fauces.

The examination of the nose, revealed a chronic rhinitis, hypertrophic in character. There was quite a mucous discharge in the naso-pharynx, which caused much clearing of the throat. She complained of a constant sweetish taste in the mouth, which was very annoying.

Her sleep at night was interfered with, chiefly from worry, as she was of a nervous temperament. She was troubled with a sensation of a foreign body and a scraping in the throat. The accompanying cut was drawn from this patient's throat and illustrates its appearance, when I examined it. Large white spots of different sizes were seen over the tonsils and both pillars of her fauces and on the epiglottis. They were also noted on the base of the tongue

TO ILLUSTRATE PAPER OF DR. HAL FOSTER

and back wall of the pharynx. Her teeth were in excellent condition. Aside from mild anemia, her general health was good.

The treatments she had been receiving failed to benefit her, which consisted mainly of gargles and strong solutions of silver nitrate locally. The white spots were seen in masses, projecting far enough from the tissues to be easily removed by forceps. Their removal would be followed by a slight bleeding. Immediately I applied a mild solution of chromic acid. A permanganate of potash solution was given to the patient to use as a gargle, every three hours. She consulted me daily for about two months. I would once a week, apply formalin, after removing, by means of forceps. Lysol in full strength seemed to do more good than anything else I could use, except the actual cautery. The galvanocautery seems to be by far the best agent in my hands to remove this disease. It should only be applied after cocainizing the parts to be cauterized. In this case I applied it three times a week, it was never necessary to apply it very deep, by this method, I avoided the pain and discomfort which is apt to follow.

The lady was able to attend to her literary work and her throat has given her no trouble.

In 1896, I reported a case of pharyngo-mycosis leptothrica, in the Kansas City Medical Index, in a young adult. Since that time, I have seen a great many cases of pharyngeal mycosis in young people.

As a rule these cases are diagnosed as follicular tonsilitis. I am satisfied that they are much more common than formerly supposed.

In my experience, the cases of Keratosis, occur in middle life and are much more rare.

Dr. Theodor Heryng, seems to be the first to write of the pathology, he claimed that the keratosis was of the epithelium of the tonsil.

Dr. G. B. Wood, Medical Bulletin of Philadelphia, Jan., 1902, writes on the subject.

Dr. J. C. Beck of Chicago, Annals of Rhinology, reports several interesting cases.

Dr. Siebenmann of Basel, 1904, writes very extensively of keratosis and to him the profession are obligated for the true pathology. Dr. E. F. Ingals reported a case in Chicago, Review, 1896.

Dr. Lober, International Centralbl. Laryngology, page 179, vol. vi.

Dr. Brown Kelly, Glasgow Medical Journal, 1895.

Dr. Coulter, Chicago Recorder, 1900, also reports cases.

In my case the white spots were firmly adherent.

Some writers tell us that tobacco cures this disease, I doubt such a statement because I have treated smokers with the disease. We are not justified in telling patients that they do not need to be treated. It has been my experience that these patients are always worried, while it is true that as a rule no harm is done by the disease. By the use of antiseptics and the cautery, these white spots can be entirely removed.

Like many other diseases it will require some time and a very careful attention to detail to cure them.

Dr. Kyle in his recent book, has thrown some light on this subject.

Five Cases of Foreign Bodies in the Respiratory Passages—

FRANZ NOWOTNY—*Monatschr. f. Ohrenh.*, Berlin, Aug., 1904.

1. A boy, 5 years old, had inhaled a bean. On the following day tracheotomy was done, and a pair of forceps introduced into the trachea, by means of which the bean was removed from the right bronchus. The exuberant granulations which formed in the trachea at the site of the wound were removed by means of a tracheal canula, introduced through the larynx.

2. A child $2\frac{1}{2}$ years old, inhaled a pebble, 2cm. long. On the following day a tracheoscope was introduced through the larynx and the stone was seen in the entrance of the right bronchus. It was seized with a pair of forceps and removed together with the tracheoscope.

3. A girl, $5\frac{1}{2}$ years old, had swallowed a fish bone. Dyspnoea ensued and became so marked that a few days later tracheotomy and laryngofissure had to be performed. The fish-bone, $2\frac{1}{2}$ cm long, was found imbedded in the larynx.

4. A boy, $3\frac{1}{2}$ years old, had inhaled a piece of bone 2cm long, which could be seen beneath the glottis. It was removed by tracheotomy and laryngofissure.

All of these cases recovered.

5. A girl, 16 years old, had inhaled a prune pit. It could be seen in the radioscope, in the sixth intercostal space. As there was no marked reaction the patient refused operative interference.

YANKAUER.