

months' duration was controlled in about eight days by applications of methylene blue.

In the same journal DR. EMIL MEYER, of New York, presents a similar paper upon affections of the mouth and throat associated with the fusiform bacilli and the spirilli of Vincent, reporting one case in which the disease occupied the tonsils and a portion of the uvula. Furthermore, Prof. Simonin, of Val-de-Grâce, communicates a paper upon "Complications of the Sore Throat of Vincent and Their Pathogeny," illustrated by eight cases.

**Primary Tuberculosis of the Pharynx and Larynx.**—DR. J. W. GLEITSMANN, of New York, reports (*Journal of Tuberculosis*, April, 1901) two cases cured, both in women, aged thirty-eight years. They were cured by persistent surgical procedure, chiefly curetting and lactic acid frictions.

**Infectious Pharyngitis.**—DR. PHILIP KING BROWN, of San Francisco, Cal., records (*American Medicine*, April 19, 1902) a fatal case of acute primary infectious pharyngitis, with extreme leukopenia, in a married woman twenty-nine years of age, which proved fatal suddenly on the seventh day from œdema of the glottis with very acute onset. During the progress of the disease there had been a steady decrease in the number of leucocytes, which became so few on the seventh day of the disease that a fair estimate of the total number could not be made. The decrease in red cells was slight.

Dr. Brown reproduces in brief four similar cases reported by Senator in 1888, in which death took place suddenly on the fourth, sixth, and tenth days, respectively.

**Tonsillar and Peritonsillar Suppuration.**—In a paper read under this title before the American Rhinological, Otological, and Laryngological Society (*American Medicine*, April 19, 1902) by DR. HENRY J. HARTZ, of Detroit, Mich., the author mentions, among other things, that the peritonsillar abscesses that have come under his observation have all exhibited an extraordinary if not abnormal development of the plica triangularis. He likewise calls attention to recurrent abscesses due to obstructions of the channels of drainage in the tonsillar region, which may be so firm as to force the purulent products into the pharyngomaxillary space, and thus prolong the suppurative process.

**Acute Gout of the Pharynx.**—DRS. M. LERNOYEZ and G. GASNE contribute an excellent article on this subject (*Annales des Maladies de l'Oreille, du Larynx, etc.*, May, 1902), in discussing a case under their own care in which, after several days continuance, sudden violent sore-throat, with local inflammation simulating peritonsillar abscess, suddenly subsided into a first attack of typical gout in the great toe of the opposite side.

According to the authors, the manifestations of true gout can be discriminated from peritonsillitis—first, by their sudden onset, acute evolution, and instantaneous subsidence; second, by violent fever; third, by intense local pain, altogether disproportionate to the lesion apparent; fourth, by the tendency of the inflammation to extend to all portions of the pharynx; fifth, by the fluxionary character of the lesions, which give the throat a sombre-red