ARNHEIM had only seen the changes in the peripheral nerves.

KATZ, in reply, maintained the exclusively central origin of diphtheritic paralysis, and insisted on the pathological character of the changes in the ganglia and nerves in his specimens.

Arthur J. Hutchison.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.

19th February, 1897. ("Glasgow Med. Journ.," May, 1897.)

WALKER DOWNIE read a paper on the *Use of Antitoxin in the Treatment of Diphtheria*, urging its more general and early use.

With regard to the use of serum, the chief points referred to were: (1st) the serum must be fresh; (2nd) valuable time should not be lost by waiting for a bacteriological diagnosis—if the clinical diagnosis is "diphtheria," antitoxin should be used at once; (3rd) the first injection in an average case should contain not less than five hundred units of immunization, while double that dose may be given in severe cases; (4th) unless decided improvement is manifest in twenty-four hours, the injection should be repeated, and may, if necessary, be again repeated after the lapse of forty-eight hours from time of first injection.

Dr. D. had had eight cases to which he had been called with the express purpose of opening the trachea, but in which he had given antitoxin instead. "Each of these eight cases recovered without operation." He had also had cases which, after he had performed tracheotomy or intubation, and had used antitoxin, had died; but in them the disease had existed for some time, and toxæmia was advanced.

WALKER DOWNIE showed *Tonsils from a Case of so-called Mycosis Tonsillaris Benigna*—really a case of what Siebenmann calls hyperkeratosis lacunaris. He had seen five other similar cases.

Arthur J. Hutchison.

CONGRESS OF WEST GERMAN LARYNGOLOGISTS AND OTOLOGISTS.

(Specially reported for JOURN. L., R., AND O. by DR. LIEVEN, Aix-la-Chapelle.)

IN January of this year a meeting of some of the laryngologists of Rheinland and Westphalia was held, at which Hopmann, of Cologne, read a paper on ozæna, and Löwenstein, of Elberfeld, showed a case of prolapse of the sinus of Morgagni. Thereafter, by invitation of the existing committee, a well-attended meeting was held in Cologne, for the purpose of starting a new association. This new association is to be called "Vereinigung Westdeutscher Hals- und Ohrenärzte"; is to meet twice a year in Cologne, or some other town of Rheinland or Westphalia.

Hopmann (Cologne) was chosen President; Keller (Cologne), Vice-President; Reinhard (Duisberg), Treasurer; and Moses (Cologne),

Secretary. There are already thirty-seven members of the Association. The next meeting will be held on Sunday, 7th November, at 4 p.m., in the "Fränkischer Hof," Cologne.

LIEVEN (Aix-la-Chapelle). *Remarks on the Diagnosis and Therapeutics of Leukoplakia.*

The author first gave a short description of the objective clinical condition in leukoplakia, and pointed out that it had two favourite positions in the mouth, viz.: (1) the angles of the lips, whence it might spread to the mucous membrane of the cheeks; (2) the anterior end of the tongue to right or left of the middle line. After shortly touching on the symptoms and course of the disease, Lieven dealt more fully with the etiology.

Leukoplakia developed generally out of a chronic catarrh of the mouth, which, in its turn, might be due to a variety of injurious conditions. Excessive smoking, the use of too highly spiced foods, and courses of mercury, had always been regarded as causes of the disease.

In contrast to such cases, there were others in which no local causes could be ascertained. In these one had to assume a special disposition on the part of the mucous membrane of the mouth to undergo the metamorphosis of leukoplakia in response to the slightest irritation. Syphilis was, undoubtedly, the chief predisposing condition. The author had himself diagnosed cases of leukoplakia as syphilitic, and had been able to cure them with mercury.

There was no difficulty in diagnosing leukoplakia from the acute mouth diseases—such as aphthæ, herpes, etc.—characterized by discoloration of the mucous membrane. The short course and the general symptoms of the latter sufficed to differentiate them at once. Again, it was not easy to confuse leukoplakia with typical syphilitic lesions of the mouth—erosions, papules, etc. Where the difficulty in diagnosis began was in regard to etiology; and without a correct appreciation of the etiology there was but little chance of successful treatment.

The author next dealt with the method of examination to be adopted. He drew attention to one symptom of chronic catarrh of the oral mucous membrane that was of considerable value—this was swelling and hypertrophy of the interdental fold of mucous membrane and the formation of a horizontal ridge on the mucous surface of the lower lip. These were to be regarded as almost certainly due to mercurial inflammation; so much so that, even in cases where syphilis was admitted, these conditions should suggest that the inflammation was due probably, not to the syphilis, but to the mercury used in treating the same. A careful consideration of the objective conditions, together with the history, would thus generally clear up the diagnosis and enable us to include or exclude syphilis.

Turning next to treatment, the author emphatically denounced the use of caustics in all cases due to chronic irritation. He corrected the dietetic errors of the patient, and had the mouth frequently washed out with a weak alkaline lotion. Painting with mel-boracis, as used by Butlin, was also to be recommended.

Caustic pastes and the like produced only temporary improvement, followed very shortly by relapse.

Deep, painful fissures on the edge of the tongue or on the hypertrophied parts of the mucous membrane were to be energetically dealt with by galvano-cautery. If syphilis was the probable cause, a three or four weeks' course of mercurial inunction generally produced completely satisfactory results.

LÖWENSTEIN (Elberfeld) remarked that there was leukoplakia quite apart from syphilis. He advised cauterizing with chromic acid.

LIEVEN replied that he was in agreement with a large number of distinguished colleagues in believing that chromic acid not only did no good, but actually was harmful.

KRONENBERG (Solingen) had seen a case in which the wearing of false teeth over carious roots had given rise to leukoplakia, which was cured by extracting the stumps.

HOPMANN agreed with some of the other speakers that any kind of irritation could produce leukoplakia, so that it was by no means always due to syphilis. It was often very difficult, sometimes impossible, to decide whether leukoplakia in a syphilitic patient was due to the syphilis or to the mercury. It appeared that, from the frequency of the bad results of mercurial treatment, this affection might be included amongst the "para-syphilitic conditions" of Fournier. Hopmann spoke strongly against cauterization with chromic acid. As a simple and mild form of treatment, he recommended the application of a solution of ferri-pyrine, followed by methyl-violet.

KRONENBERG (Solingen). *Demonstration of a Dermoid Cyst of the Floor of the Mouth, about the size of a Hen's Egg.*

These growths, somewhat rare in the floor of the mouth, are described by some (*e.g.*, Moritz Schmidt) as atheromata. They generally arise from remains of the thyro-glossal duct, and are then congenital. They generally remain small till the age of puberty, but later may attain a very considerable size, so as to fill the whole oral cavity, and interfere with speaking, swallowing, and breathing.

The growth shown occurred in a girl of sixteen years, suffering from hypertrophy of the pharyngeal lymphatic ring. It was removed by shelling-out from the mouth. Healing occurred in about eight days.

Dermoid cysts ought always to be removed; and the method adopted by speaker was to be preferred to enucleation by external operation.

SCHNEIDER (Cologne) showed a *Galvano-Cautery Handle*.

LIEVEN (Aix-la-Chapelle) was asked to introduce a discussion on tonsillar tuberculosis at the next meeting. This he agreed to do.

Arthur J. Hutchison (Trans.).