

suddenly he had a chill, the temperature rose to 103° , and peri-tonsillar abscess developed. This was freely incised, the pus being found to contain both staphylococci and streptococci. Four days later the phlegmonous inflammation had spread to the floor of the mouth, the epiglottis, and the membrane covering the alveolar process of the lower jaw,—prompt and rigorous measures alone preventing death. The affected parts were sprayed with cocaine and adrenalin, freely incised and frequent applications of ichthyol were made. After four weeks of general septicemia he made a good recovery.

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A Rare Case of Lingual and Pharyngeal Sporotrichosis with Threatened Asphyxiation. J. DUVERGER and A. BAIN, *Rev. hebdomadaire de Laryngol. d'Otol. et de Rhinol.*, April 15, 1911.

This malady is at first insidious and of slow development, but may reach every point of the bucco-pharyngeal mucous membrane and even the larynx. It is characterized by ulcerations of varied depth, having a fetid odor suggesting papier-maché. The base of the ulcerations resembles papillomata and bleeds easily. The infiltration may be extensive producing edema of the tongue and pharynx. White spots are spread over the velum palati and pharynx, these probably being the first stages of future ulcerations. It is characteristic of sporotrichosis that the ulcerations are not painful and may even be curetted without an anesthetic. There is frequently the absence of ganglionic involvement or of high fever.

Some cases, however, do not present this favorable form. One case is reported in which the ulcerations caused gangrene, with a fatal termination. In the case reported by the author, the patient was threatened with asphyxia from enormous swelling of the tongue. The case was treated by a solution of iodine locally and iodide of potash internally. The sporothrix of Büermann are found in the secretions.

SCHEPPEGRELL.