

child was not deaf except for speech. With reference to the remarks of Dr. Loeb concerning the effect of carbonic acid upon the circulation of the brain, he would say that he mentioned it as one of the possible causes for the aprosexic condition so often found in stammerers. The stammerer often did not think properly, and therefore could not speak properly.

(To be continued.)

Abstracts.

FAUCES.

Newcomb, J. E. (New York).—*Bone and Cartilage in Tonsil.* "Boston Med. and Surg. Journ.," September 15, 1904.

The case is described of a woman, aged thirty, in whom the tip of the styloid process projected into the tonsil. Two theories are suggested as to the origin of bony and cartilaginous deposits in the tonsil: (1) that they are vestigial remains of the second branchial arch (2) that they are due to metamorphosis of connective tissue.

Macleod Yearsley.

PHARYNX.

Santalo (Madrid).—*Retropharyngeal Abscess of Articular Origin.* "Boletin de Laringol., Otol., y. Rinol.," Madrid, 1904, p. 295.

The patient, a soldier aged twenty-one, of feeble constitution, on being relieved from guard complained of tremors and pains in both legs; two days later there was pain in the back of the neck, which prevented any movement of the head. The former symptoms disappeared, but the latter continued with exacerbations, especially on cold days. Intense dysphagia followed, and the patient was admitted to hospital a month from the first symptoms. A large fluctuating swelling of the posterior wall of the pharynx was observed, which was comparatively painless on digital examination. Digital pressure at the occipito-atlantal level caused great increase of pain. On the right side, below the mastoid and behind the border of the sterno-mastoid, was a swelling about the size of a hen's egg, painless, fluctuating, and without discoloration of the skin. The case was diagnosed as one of retropharyngeal abscess, originated by a white (? tuberculous) cervical tumour. The cervical swelling was opened under chloroform and the curette was freely used down to the affected bones. The dysphagia, however, not only increased, to the surprise of the author, who expected the pharyngeal abscess to discharge itself through the wound in the neck, but attained such a degree that it was decided to open the abscess. A quantity of grumous pus was let out, and the patient had temporary relief. The pain, however, recurred, followed by paresis and complete paralysis of the right arm, then of the