

make too much of small local changes, and to exaggerate the importance of the operative measures required for their removal. While saying this, he at the same time freely admitted that in much the larger proportion of the cases they had to deal with, local treatment was either exclusively, or at least chiefly, required.

Abstracts.

MOUTH, Etc.

Barbier, H.—*Tuberculosis with Perforation of the Soft Palate.* "Société Méd. des Hôpitaux," January 20, 1899.

Woman, thirty-two years of age, non-syphilitic; had a sore throat after a severe influenza. She came into hospital in December; they found an ulcerous patch of right tonsil and on the pillar of the same side fungating ulceration with yellow nodosities; large maxillary adenitis. The syphilitic treatment was given without results. Gradual increase of the lesions, and in January, besides an extensive ulcer, a perforation of the soft palate, as large as a shilling. It is not a definite lesion of pulmonary apparatus, but the ulceration contains tuberculous bacilli. Improvement of the local state by the use of lactic acid.

A. Cartaz.

Brault.—*Macroglossia-Lymphangiectasis.* "Ann. des Mal. de l'Or.," May, 1898.

The author gives a further account of the case of a child with this condition, the former stages of which were described in the JOURNAL OF LARYNGOLOGY from "Ann. des Mal. de l'Or.," xxiii., 1897. He reports that the dentition has proceeded without any recurrence of the disorder in the tongue.

Waggett.

Killian, J. (Worms).—*Pathology of the Ductus Lingualis.* "Münchener Medicinische Wochenschrift," No. 36, 1898.

There is little reference to the lingual duct in the works of specialists. In this paper Dr. Killian describes five cases where there were pathological changes in connection with this duct. In two there was a circumscribed collection of gray mucus around the foramen cæcum; in the other three there was a semi-spherical swelling covered with smooth mucous membrane in the middle line, immediately in front of the lig. glosso-epiglotticum medium. This swelling contained sometimes a gray slimy, sometimes a white flocculent, secretion, which could be pressed out of the foramen cæcum. He considers that in these cases there was a qualitative and quantitative change in the secretion. The secretion must have collected in a cavity in communication with the lingual duct, and pointed to a muco-purulent catarrh of a cystic dilatation or of cystic connections of that duct. The subjective sensations experienced were pain and a burning feeling at the base of

the tongue, or the presence of a foreign body in the throat. He considers that certain parasthesiæ may be ascribed to this condition, also that by the entrance of foreign bodies and retention of secretion in the ducts pathological changes may be produced. Infection and inflammation of the duct and its connections may be the cause of phlegmonous and purulent inflammation at the root of the tongue.

Guild.

Malm.—*A New Velum Retractor.* “Ann. des Mal. de l’Or.,” June, 1898.

The instrument (figured), made on the pattern of Beloc’s sound, consists essentially of a cannula, curved at its extremity, and carrying a central sliding rod, to the end of which are attached two curved springs, which tend to diverge when thrust out of the cannula. The instrument, with the diverging springs concealed in the cannula, is passed into the nose in the manner of a catheter. When in position, the sliding rod is pushed home, and the ends of the springs make their appearance on either side of the uvula. When adjusted, the whole is kept in position by a ring, which presses on the upper lip. The instrument is specially constructed with a view to asepsis.

Waggett.

Ripault.—*Reports of some Cases.* “Ann. des Mal. de l’Or.,” May, 1898.

1. A case in which a silver alveolar plug was accidentally pushed into the antrum. This was after a few weeks expelled from the nose during the act of syringing.

4. A case of voluminous fibrolipoma of the palate of eight years’ duration in a man. The tumour was sessile, being attached from the dental arcade in front to the uvula behind. It was smooth, firm to the touch, and, almost filling the mouth, had begun to impede respiration. The tumour was removed under cocaine by morcellement.

8. The case of a lady with albuminuria and diabetes, in whom the general condition seemed to be about to terminate with cerebral complications. In particular, an almost permanent state of somnolence was experienced. The author found and removed a very large nasal polyp, and with the restoration of nasal patency the cerebral symptoms disappeared.

11. A case of hemiplegia of the velum, following the prolonged use of an ethyl-chloride spray for the extraction of a molar tooth. This paralysis, *à frigore*, seemed to become well marked two or three days after the visit to the dentist. Electrical treatment of three weeks’ duration was followed by cure.

13. A case of local cocaine intoxication in a man with chronic laryngeal catarrh. The larynx was swabbed with 10 per cent. solution of cocaine—a fresh solution of a sample of known good quality—and subsequently some cocaine was insufflated into the larynx, not more than 20 centigrammes being employed in all. These applications were made in a nervous patient as a preliminary to his first experience of swabbing with zinc chloride (1 in 30 solution); but it is not clear from the reports whether or no the latter application was made.

Within half an hour the patient experienced intolerable burning in the throat and throbbing in the ears; deglutition was almost impossible for three days, and a profuse salivation occurred, with desquamation of the tongue and accompanied by a febrile condition. It was not until eight days had passed that the patient recovered from this presumed cocaine intoxication.

Waggett.