

## Abstracts.

### MOUTH, Etc.

**Gaudier.**—*Sarcoma of the Tonsillar Fossa simulating Phlegmon of that Region.* "L'Écho Médical du Nord," Sept. 24, 1899.

The patient, male, thirty-five years old, was sent to Dr. Gaudier with the diagnosis "Phlegmon of left tonsil." Two exploratory incisions had been made, but no pus found. He complained of difficulty in swallowing, in opening the mouth, and in turning the head to the left side, but not of pain or tenderness. No enlarged glands were found in the neck, there was no fever, and the general condition was good. A large tumour was situated between the anterior and posterior pillars on the left side, stretching the former forwards and the latter backwards, pushing the soft palate upwards and the uvula towards the other side. The tumour was elastic all over, but nowhere fluctuating, and was about the size of a mandarin orange. On its surface, "like a cap," sat the apparently normal tonsil. A slight wound made in the tumour gave rise to profuse bleeding. At this time the symptoms had been present only eight days. A diagnosis of rapidly-growing small-celled sarcoma was made, and no operative treatment was attempted. Fifteen days later patient was scarcely able to swallow at all, and had difficulty in breathing both by the mouth and by the nose. The tumour had increased to the size of a large orange, extended forwards between the upper and lower teeth, and upwards behind the soft palate. The whole tumour was removed. Patient died rather more than a month later of pneumonia.

Microscopic examination of the tumour showed it to be a very vascular small-celled sarcoma, with some myxomatous portions.

Arthur J. Hutchison.

**Milian, G.**—"Purpura Iodique" of the Buccal Mucosa. "Presse Médicale," Sept. 30, 1899.

A woman, aged forty-three, after taking iodide of potassium for six days, 6 grammes per day, presented, amongst other symptoms of iodism, the following: Acute burning sensation in the palate, as if it had been well peppered; exudation of a reddish sanguinolent fluid, with no tendency to coagulate; ecchymosis and large submucous hæmorrhage in the palate. That these phenomena were due to the iodide was proved by the facts that they concurred with other symptoms of iodism, and that they appeared or disappeared according as iodide was administered or withheld. Neumann, of Vienna, has recently reported a case in which a similar iodic eruption was found post-mortem in the stomach.

Arthur J. Hutchison.

**Redard, P., and Michel, Frank.**—*Deep Median Furrow of the Lower Lip and Chin, Median Division of the Inferior Maxilla, and Malformation of the Tongue.* "La Presse Médicale," September 30, 1899.

Under this title the authors describe the case of a child, male, eight months old, born of healthy parents, and healthy itself. No history of congenital malformation in the family could be elicited. A median groove divides the lower lip and extends to the inferior border of the inferior maxilla. Two small openings are found in the

course of the groove, both ending blindly without any communication with the buccal cavity. They do not secrete any fluid. The lip is not so completely divided as to justify the name of hare-lip. It is well united, but marked at the line of union by a cicatrix.

The inferior maxilla, on the contrary, is not united at the symphysis. The two rami can be moved on one another, up and down, or back and forwards, or can be separated—as happens when the child laughs or cries. A bridge of mucous membrane, continuous with the frenum, extends from the labio-mental furrow to the tongue, and ties it down; otherwise tongue and mouth normal. The malformation produces constant trickling of saliva from the mouth, but has had no bad effects on the health of the child.

The authors, after quoting all the cases of fissures and furrows of the lower lip that they have been able to find, classify them as follows :

1. Modified hare-lip, constituted by simple pits or hollows of greater or less extent.
2. Hare-lip consisting of simple labial fissure.
3. Hare-lip involving absence of suture of lip and maxilla.
4. Hare-lip involving absence of suture of maxilla, but with cicatricial union of the lip, with or without involvement of tongue.

Lastly, the tongue, as also the palate, may be divided in its whole extent.

As to etiology, the authors offer no opinion of their own.

*Arthur J. Hutchison.*

## N O S E.

**Flatau, T. S.**—*Radical Operation on Bony Occlusion of the Choanæ.*  
 "Wien. Klin. Rundschau," No. 40, 1899.

A lady, forty years old, had suffered for a year from frequent attacks of acute rhinitis, which gave rise to a condition of chronic hypersecretion. In the right fossa thick sticky masses accumulated, and could not be cleared out by sprays, douches, etc. There were also heaviness and painful sensations of pressure in the head. By anterior rhinoscopy the right nasal fossa was found full of yellow mucous masses difficult to remove; the inferior turbinal was large, touching the septum in almost its whole length. By posterior rhinoscopy the right choana was seen to be completely closed by a rather pale-red plate. By palpation this was found to consist of a hard plate covered with soft tissue. From in front nothing could be seen of this plate, but it could be felt with a probe. It consisted of such thick bone that a chisel and mallet had to be used to perforate it.

The operation was performed as follows: (1) The inferior turbinal was completely excised, so as to give a clear view of the field of operation. (2) When this had quite healed, a piece of the obstructing bone, 5 to 6 millimetres square, was cut out with chisel and hammer. The chisel was put in position through a nasal speculum fixed in position by one or two light blows from the hammer, and held there by an assistant. The operator then passed one finger into the naso-pharynx behind the obstruction, then with the hammer drove the chisel through the bone till it could be felt distinctly in the naso-pharynx. The plate of bone was then removed with Grünwald's forceps, and the soft tissues behind it were also cut out with forceps. After cutting the soft tissues there