

M. MAHU replied that he did not think it was any inconvenience to allow a perforation of the septum to remain.

M. VIOLLET read a paper on "Submucous Injections of Chloride of Zinc in the Treatment of Inflammations of the Inferior Turbinals."

The following papers were also read :

"Arterial Hæmorrhage in the Course of a Phlegmonous Quinsy,"  
by M. VEILLARD.

"Oxygenated Boracic Water," by MM. RUALT and LÉPINOIS.

"On Certain Nasal Affections suitable for the Aërothermic Treatment," by M. LICHTWITZ.

MACLEOD YEARSLEY.

## Abstracts.

### MOUTH, Etc.

**Cornil and Chaput.**—*Glandular Tumour of the Palate.* "La Presse Méd.," November 10, 1900.

At a meeting of the Société Anatomique the authors showed a tumour taken from the palate of a man aged fifty, which had grown slowly during five years without causing pain or hæmorrhage. It was situated in the middle line, about 5 or 6 c.m. from the dental arch. It grew from the deeper layers of the palate, but was removed without producing perforation.

On microscopic examination it was found to be an adeno-myxoma, with a structure closely resembling that of "cylindroma" of the parotid.  
*Arthur J. Hutchison.*

**Lafarelle.**—*Hard Chancre of the Tonsil.* "Revue Hebdom. de Laryng., d'Otol., et de Rhinol.," November 17, 1900.

A woman, aged sixty-three, was suddenly attacked with acute pain in the right side of the throat, accompanied by fever and headache. Next day there was considerable painful swelling of the glands in the right side of the neck. She had much pain on swallowing, lost her appetite, lost flesh, became pale and very weak. This condition had lasted for a month and a half when patient came under observation.

The right tonsil and faucial pillars were the seats of a diffuse infiltration, and were brilliant red. The tonsil was not ulcerated at any point; it was of a "remarkable wooden hardness." The glands on the right side of the neck were engorged, hard, mobile, painless, and of small size, except one, viz., that at the top of the chain. Those on the left side of the neck were also hard, movable, and painless. The diagnosis presented considerable difficulties. The sudden onset suggested an acute tonsillitis, but this was excluded by the long stationary condition of the case. Cancer does not commence suddenly, and the isolated,

movable glands in the neck seemed also to exclude it. Lymphadenoma was also excluded by the condition of the other glands, the spleen, etc. The wooden hardness of the tonsil, the abrupt onset of the symptoms, the condition of the glands in the neck, one being large and the rest all hard and small, suggested hard chancre of the tonsil, the primary ulcer having disappeared. This diagnosis was confirmed by the appearance of a roseolous eruption on the chest, and by the results of anti-syphilitic treatment. The infection had probably been conveyed from a syphilitic infant, by means of the teat of its feeding-bottle, which the patient had one day taken in her mouth to soften.

Arthur J. Hutchison.

**Surmont.**—*True and False Aphthæ.* "L'Echo Méd. du Nord," November 4, 1900.

The term "aphthæ" used to be loosely applied to any condition of excoriation, or ulceration, or of false membrane in the mouth; in more recent literature the term is applied to vesiculo-ulcerative conditions of the mouth. The author wishes to still further restrict the use of the word. He divides the vesiculo-ulcerative diseases of the mouth into (1) herpetic stomatitis, (2) recurrent herpes of the mouth, (3) zona of the mouth, (4) true aphthæ. The essential anatomical lesion common to these conditions consists of a more or less inflamed basis on which vesicles, discrete or confluent and varying in size, appear. The vesicles rupture and give rise to more or less superficial excoriations or ulcerations. In a long paper the author discusses the etiology, clinical course, pathology, treatment, etc., of each of these.

True "aphthæ" is an infectious disease acquired generally from diseased cows. In these animals the disease frequently affects the udders and teats; the milk is infected in the process of milking, either directly from the diseased teats or else from the hands of the milker. Supervision of the cows and their milkers' hands, or else boiling all milk, should therefore go a long way towards stamping out this disease. Other animals, *e.g.*, swine and sheep, are liable to the disease, but are not likely to transmit it to any extent to human beings.

Arthur J. Hutchison.

## NOSE, Etc.

**Broeckaert.**—*Opacities in the Vitreous Body and Detachment of the Retina, following Ethmoido-frontal Sinusitis.* "Revue Hebdom. de Laryng., d'Otol., et de Rhinol.," January 5, 1901.

A lady, sixty-two years old, consulted the author for marked diminution of vision in the left eye, which came on suddenly. Externally, the eye was normal, but numerous floating opacities were found in the vitreous body. The patient complained of vague pains in the head. General health was good. Treatment with absolute rest, iodides internally and mercurial inunction had no effect, but the loss of vision became steadily more pronounced. On further examination it was found that the left nostril was partly blocked by polypous growths, bathed in pus. Empyema of the left frontal sinus and ethmoidal cells was diagnosed. After partial treatment of this the opacities in the vitreous body diminished to such an extent as to permit of an examination of the fundus oculi. A detachment of the lower half of the