anterior pillar and extending outwards for about three-quarters of an inch. The tonsil is now forcibly pulled out, and a blunt dissector is pushed behind it from above. It is then systematically teased from its connections. There is no recurrence of glandular tissue after this method of removal, and healing is, as a rule, complete within ten days.

W. Milligan.

Donoghue, F. D.—*Cervical Adenitis with reference to Mouth Infection.* "Bost. Med. and Surg. Journ.," March 28, 1907.

The conclusions of this paper, based on 300 cases, are:

(1) Enlarged glands of the neck are not, primarily, tuberculous, and bear the slightest relation, if any, to general or pulmonary tuberculosis.

(2) They are due to a mixed infection of pus-producing bacilli.

(3) They will quickly resolve if the source of the infection is removed before the glandular tissue becomes disorganised.

(4) If disorganisation takes place the gland should be poulticed until it is practically liquefied. It should then be opened by a stab-puncture, emptied and drained.

(5) Cases seen late, with a large mass of partially calcified and partially disorganised glands present, call for a thorough and extensive dissection.

Macleod Yearsley.

PHARYNX.

Freer, Otto T. (Chicago).—*New Method of Removing Adenoids through the Nasal Fossæ.* "Archives Inter. de Laryngologie, d'Otologie," etc., September—October, 1906.

Dr. Freer advocates the removal of adenoids by means of a special pair of forceps modelled on those of Ingals. He passes the forceps through the fossæ, and with the left forefinger in the post-nasal space engages the adenoid tissue. A general anæsthetic and cocaine locally is used.

Anthony McCall.

NOSE.

Cohn, G. (Königsberg).—*Old and New on Nasal Tuberculosis.* "Arch. f. Laryngol.," vol. xix, Part II, 1907.

The author of this paper discusses some still undecided questions in regard to nasal tuberculosis. After reference to several recent contributions to the subject, he gives the conclusions to which his own observations have led him. He believes that although the occurrence of intermediate forms renders impossible an absolute distinction between nasal lupus and nasal tuberculosis, yet most cases are easily referable to one or other of the following types.

(*a*) Lupus. The patients are usually young and otherwise healthy individuals. The disease, which may be accompanied or not by lupus of the neighbouring skin, at first often presents the appearance of a simple eczema of the vestibule. Later, nodules and granules are found, most