idea that such cases of tubercle in adults pointed to the beginning of the end; at any rate, they were not necessarily on their death-bed. He found it difficult to agree with Dr. Milligan in thinking that it was common to have caseous deposits in the mastoid process, which did not cause any trouble until the coccal infection set the whole thing alight, That he regarded as unscientific. He did not see how a tuberculous infection was likely to exist in the bone without setting up some symptoms, and in the absence of better proof he would be inclined to reject it. There were cases in which hæmorrhage occurred. He had seen very few cases of severe hæmorrhage following tubercle. But there was one under the President's care in King's College Hospital in which a child dying of acute tuberculosis had profuse venous hæmorrhage from the ear. That child died from miliary tuberculosis.

The discussion was, by consent, adjourned until the next meeting of the Society.

Abstracts.

MOUTH, PHARYNX, NASO-PHARYNX.

Forshaw, C. F.—*Case of Tumour of the Superior Maxilla.* "Montreal Medical Journal," October, 1902.

The patient was a young unmarried woman, aged twenty-nine years. For twelve months a growth had been forming upon the left labial surface of the alveolar process, and about eight lines from its margin. On examination, it was found to be lobulated and sessile, with slight pulsation, and about the size of a pigeon's egg. It occasioned no pain, but for the last three months had grown very rapidly. The patient had been treated with iodide of potassium without benefit, and there was no history of syphilis; neither was there any glandular enlargement.

Under chloroform the growth was removed with a sweep of the knife. Hæmorrhage was severe, but was controlled by ligature of one or two small vessels. The actual cautery was then applied to the base of the raw surface down to the bone, and some of the tissues gouged away. At the same time, scar-tissue at the lower margin of the tumour was excised. The wound was plugged with iodoform gauze. Healing was uneventful, and one year later there was no return.

Microscopical examination revealed many thin-walled blood-channels lying in a stroma of epithelium. Among the spindle-shaped cells a few could be discerned of a myeloid type, suggestive of sarcomatous malignancy. *Price-Brown.*

Goldsmith, Percy G.—*Fatal Case of Secondary Hæmorrhage Four Days after removal of Adenoids.* "Canadian Practitioner and Review," October, 1902.

This paper deals with a case of a child operated on for obstructive deafness. The operation was not unusual, and the condition of the patient up to the fourth day satisfactory. Then repeated and alarming attacks of hæmorrhage took place, resulting in death a few hours later. There was no history of hæmophilia. No post-mortem was obtained.

Price-Brown.

Montfort.—*Acute Pemphigus of the Upper Mucous Membranes.* "Revue Hebdom. de Laryng.," etc., March 22, 1902.

All writers on pemphigus of the skin point out that it very frequently spreads to the mucous membranes of the mouth, throat, and genitals, but it is not so well known that pemphigus may appear first on the mucous membranes and only later spread to the skin; and it seems to be still less recognised that acute pemphigus may attack the mucous membrane of the mouth or throat, and not spread to any other part.

The author reports six cases of acute pemphigus limited to the mouth and throat. The part most frequently affected is the soft palate. The bullæ resemble burns of the second degree. At first the surrounding mucosa is unaltered, but soon presents a red areola around the bulla. The contents of the bulla is generally clear serum, but may be blood, or at least blood-stained. When the bulla ruptures a whitish plaque is left, formed by the collapsed epithelium. Under this is a red, congested area, which, however, rapidly returns to normal, leaving no scar. The onset is absolutely sudden, whilst the patient's health in other respects is perfectly good. The treatment recommended is to puncture the bullæ if they have not already ruptured, then gargle several times a day with a mouth-wash containing borax, bromide of potash, and cocaine. *Arthur J. Hutchison.*

Moure.—*A Case of Empyema of the Right Maxillary Antrum and both Frontal Sinuses, with Necrosis of the Orbital Wall.* "Revue Hebdom. de Laryng.," etc., April 5, 1902.

In this case the right maxillary antrum was full of pus and large granulations; the right frontal sinus communicated freely with the left, and both were full of granulations and pus. The orbital wall of the right sinus was to a large extent destroyed by necrosis, and a perforation existed on the posterior (cranial) wall. Moure first removed the anterior end of the right middle turbinal, then after a few days opened the antrum through the canine fossa, scraped out all granulations, made a free opening into the nose, swabbed out with 10 per cent. zinc chloride, and immediately sewed up the opening through the canine fossa, not leaving any dressing in the cavity. At the same time he opened the frontal sinuses, curetted them thoroughly, made a free opening into the nose, swabbed out with 10 per cent. zinc chloride, and immediately sewed up the external wounds, leaving no packing and no drainage-tube, either external or internal, in the cavity. Result: Within fifteen days wounds healed, discharge practically ceased, patient able to go home. No return of discharge (*i.e.*, during three years), and very little disfigurement.

Moure protests against the modern tendency to give up the com-

paratively simple Ogston-Luc operation in favour of Kuhnt's operation. As for Killian's operation, he has never been able to see the necessity for such extensive destruction of the walls of the sinus.

Arthur J. Hutchison.

Weber, Hans (Breslau).—*The Relation of Tonsillitis to Inflammation of the Vermiform Appendix.* "Münch. Med. Woch.," December 30, 1902.

The development of appendicitis during or after various acute general infectious diseases has been frequently observed. Kelynack ("Pathology of the Vermiform Appendix," London, 1893, p. 98) was the first to observe a case in which gangrenous appendicitis with perforation and death followed an acute diphtheria-like pharyngitis. Several other published cases are referred to, and Weber narrates one under his own observation. The patient had a "streptococcal" pharyngitis with considerable albuminuria. In a few days the throat recovered and the albuminuria disappeared. A week later the symptoms of perityphlitis developed, and gradually disappeared under medical treatment. In the records of the hospital cases of appendicitis he found four in which there was a slight redness of the fauces. In another there was marked catarrh of the nose, pharynx, and larynx, and in a sixth one pronounced swelling of the right tonsil with a dirty yellowish-white exudation.

In several of the recorded cases the same bacteria—streptococci—were found both in the throat and in the appendicitis pus.

Two routes of propagation present themselves—the lymph and blood circulation on the one hand, and the alimentary canal on the other. Adrian's experiments on animals (*Mitteil. a. d. Grenzgeb. d. Mediz. u. Chirurg.*, Band vii., 1891) point to the former, but Kret's (*Wien. klin. Woch.*, 1901, p. 1137) favour the latter, in view of a case of Kundrat's in which the ingestion of material from a tonsil gave rise to phlegmonous gastritis. Various writers have pointed out that the position, the anatomical structure of the appendix, its richness in adenoid tissue, render it specially liable to be infected with pathogenic germs. It is also intelligible that traumatic lesions caused by concretions or foreign bodies may open the door to infective agents.

Dundas Grant.

NOSE AND ACCESSORY SINUSES.

Alexander, Francis.—*The Nasal Treatment of Asthma.* "Lancet," October 18, 1902.

Of the 402 cases recorded, 346 had no apparent nasal lesion, and of these 8 only obtained no relief from nasal treatment, while 6 cases were unrelieved by treatment among 56 which had polypi or other gross nasal lesions. In addition to these failures, in 17 cases the result of treatment could not be ascertained. From treating these cases Dr. Francis had come to the following conclusions: (1) That asthma was due to reflex spasm of the bronchial tubes. (2) That the irritation might originate in the nose; this was inferred from the intimate association between hay fever and asthma, as disclosed in various cases, and was shown more clearly by the immediate onset of asthma after certain injuries to the nose, examples of which were referred to. (3) That asthma was not directly due to any mechanical