

Abstracts.

MOUTH, FAUCES, Etc.

Broeckart, J.—*Contribution to the Study of Acquired and Congenital Perforations of the Soft Palate.* "La Presse Oto-Laryngologique Belge," September, 1902.

In this paper the etiology of these perforations is fully discussed. Reference is made to eleven recorded cases of congenital symmetrical perforation of the anterior pillars, as well as to instances of their unilateral perforation, and to the rarer cases in which the posterior pillars are affected.

A case of congenital asymmetrical perforation of the velum with defective development of the muscular layer, already published, is again described by the author in order to show that congenital anomalies are not necessarily symmetrical. His view is that congenital perforations arise, not from an arrest of development, but from a defect in formation, probably due to some vascular lesion interfering with nutrition.

Besides these, there exist others which are acquired and of which the genesis is very variable. They may be due to peritonsillar abscess which has left a permanent opening, or to ulceration produced by the necrotic action of various toxins. Thus, they may originate as the sequel of scarlatina, typhoid, diphtheria, syphilis, or tubercle. In one instance, recorded by Monro, bacteriological examination showed that the destruction of tissue was due to the pneumococcus.

A case is described in which unilateral perforation of the left anterior pillar, with paralysis of the left half of the palate and complete nerve-deafness, were the result of scarlatina. *Chichele Nourse.*

NOSE, NASO-PHARYNX, AND ACCESSORY SINUSES.

Jacques, P., and Durand, A.—*The Choice of Operation in Chronic Frontal Ethmoidal Sinusitis.* "Annales des Maladies de l'Oreille," etc., August, 1903.

The author reviews the different methods of operation and points out the importance of having a large operating field. He makes a curved incision from the nasal furrow along the eyebrow and reflects all the soft parts, pushing the lacrymal duct and eyeball aside; the sinus is then opened by a gouge, and after making a free opening into the nose, the wound is closed and the cavity treated antiseptically.

Anthony McCall.

Vaquier (Tunis).—*Trepanation of the Maxillary Sinus by way of the Inferior Meatus.* "Archives Internationales de Laryngologie," etc., July-August, 1903.

The author recommends Eschat's modification of Claoués' method. He removes the anterior portion of the lower turbinate, and applying a burr of 12 or 8 millimetres driven by an electric motor, the cavity