

involving the alveolar border and the hard palate, opening like a cone into the middle meatus of the nose. The mucous membrane lining it was pale, thickened, but not ulcerated; its sensibility was much impaired. The patient was not aware of this condition, but on being questioned he said that liquid food had for five months come through the right nostril. This lesion is rare; Baudet has collected eight cases chiefly on the subject of tabes. It may be unilateral or bilateral, but always occurs in the same situation. As to the explanation of the lesion, there are two views: (1) that of Galippe, that it is the result of alveolar pyorrhœa aggravated by tabes; and (2) that of Baudet, that it is an atrophic tabetic lesion due to the fifth nerve being affected, which begins by loss of the teeth and atrophy of the jaws, and sometimes terminates by ulceration and perforation into the antrum. The decision between these theories must be left to the future, but probably a combination of the two would be most satisfactory. At present only one case has been examined after death, and that very incompletely.—*British Medical Journal*, July 16th, 1898.

MOST of the special measures for the treatment of fractures of the lower jaw are not only difficult, but also, by their interference with cleansing of the mouth and drainage are not infrequently complicated by the formation of abscesses. Hausmann has devised an easy method that overcomes these objections, the fracture being treated on the principle of extension. A strong thread is fastened to the incisors of the jaw and carried over a roller at the foot of the bed, and to it a weight of from half to one pound is attached. This permits irrigation and drainage of any wound that may be present. The extension can generally be dispensed with at the end of eight or ten days. Eight cases so treated yielded perfect functional results without the formation of abscesses in any. For those exceptional cases in which all the front teeth of the lower jaw are absent, Seelhorst has devised an ingenious apparatus which fits in the mouth and under the chin, and to which the extending weight can be attached.—*Phil. Med. Journal*, June 4th, 1898.

VARIETIES OF DENTAL CALCULI.—H. H. Burchard (*Dental Cosmos*, Vol. XL., No. 1, 1898) distinguishes the following varieties of dental calculi: 1. Yellowish-white deposits found upon the buccal surfaces of upper molars. They are soft and friable. They dissolve readily in dilute hydrochloric acid with the evolution of carbon dioxide, and leave but little detritus and apparently no distinct evidences of an organic stroma, *i.e.*, they are largely composed of calcium carbonate, with a minimum admixture of organic material. 2. This class includes the calculi found upon the lower anterior teeth, opposite the ducts of the submaxillary and sub-